| Fill in this information to identify your case: |   |                                    |
|---|---|------------------------------------|
| United States Bankruptcy Court for the :        |   |                                    |
| NORTHERN District ofILLINOIS(State)             |   |                                    |
| Case Number (If known):                         | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

## **Official Form 101**

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | It 1: Identify Yourself   |                            |   |
|----|---|----------------------------|---|
|    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  |                            |   |
|    | Write the name that is on your  | Chantha                    | Elizabeth                                     |
|    | government-issued picture<br>identification (for example,<br>your driver's license or | First name                 | First name                                    |
|    | passport).  | Middle name                | Middle name                                   |
|    | Bring your picture  | Souvanh                    | Vang  |
|    | identification to your meeting with the trustee.                                      | Last name                  | Last name                                     |
|    |   | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you   |                            |   |
|    | have used in the last 8   | First name                 | First name                                    |
|    | years   |                            |   |
|    | Include your married or maiden names.   | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
|    |   |                            |   |
|    |   | First name                 | First name                                    |
|    |   | Middle name                | Middle name                                   |
|    |   |                            |   |
|    |   | Last name                  | Last name                                     |
| 3. | Only the last 4 digits of   |                            |   |
| J. | your Social Security  | xxx - xx - <u>7989</u>     | xxx - xx - <u>4135</u>                        |
|    | number or federal<br>Individual Taxpayer  | OR                         | OR  |
|    | Identification number   |                            |   |
|    |   | 9xx - xx                   | 9xx - xx                                      |
|    |   |                            |   |

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Chantha

Debtor 1

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|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|----|--|---|---|
| 4. | Any business names<br>and Employer<br>Identification Numbers | I have not used any business names or EINs.   | I have not used any business names or EINs.   |
|    | (EIN) you have used in the last 8 years                      | Business name   | Business name   |
|    | Include trade names and doing business as names              | Business name   | Business name   |
|    | ,  | EIN   | EIN   |
|    |  | EIN   | EIN   |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:   |
|    |  | 2414 N Periwinkle Way  Number Street  | Number Street   |
|    |  | Round Lake Beach IL 60073 City State ZIP Code   | City State ZIP Code   |
|    |  | LAKE<br>County  | County  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address. |
|    |  | Number Street   | Number Street   |
|    |  | P.O. Box  | P.O. Box  |
|    |  | City State ZIP Code   | City State ZIP Code   |
| 6. | Why you are choosing   | Check one:  | Check one:  |
|    | this district to file for bankruptcy.                        | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                            |
|    |  | have another reason. Explain. (See 28 U.S.C. § 1408   | ☐I have another reason. Explain.<br>(See 28 U.S.C. § 1408   |
|    |  |   |   |
|    |  |   |   |
|    |  | <del></del>   |   |

| Debte | or 1  | Case 16-2785  Chantha First Name      | 7 Doc 1                                  | Filed 08/30/16<br>Document<br>Souvanh                | Entered 08/30/16 17:01:58<br>Page 3 of 63<br>Case Number (if known)  | Desc Main            |  |
|-------|-------|---------------------------------------|--|--|--|----------------------|--|
| Pa    | rt 2: | Tell the Court About You              | r Bankruptcy Case                        |  |  |                      |  |
|       |       | e chapter of the<br>nkruptcy Code you | ,  | •  | n, see Notice Required by 11 U.S.C. § 342(b) for a to the top of page 1 and check the appropriate I  |                      |  |
|       |       | are choosing to file<br>under         | ■ Chapter 7                              |  |  |                      |  |
|       | unc   | 161                                   | ☐ Chapter 1                              | 1  |  |                      |  |
|       |       |                                       | ☐ Chapter 12                             |  |  |                      |  |
|       |       |                                       | ☐ Chapter 1                              | 3  |  |                      |  |
| 8.    | Hov   | w you will pay the fee                | local court<br>yourself, y<br>submitting | t for more details about<br>you may pay with cash, o | e my petition. Please check with the clerk's how you may pay. Typically, if you are payin cashier's check, or money order. If your attobehalf, your attorney may pay with a credit control of the control | g the fee<br>rney is |  |
|       |       |                                       |  | •  | nts. If you choose this option, sign and attact<br>The Filing Fee in Installments (Official Form   |                      |  |

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

Have you filed for bankruptcy within the last 8 years?

| ☐ Yes. | District None | When | Case Number |  |
|--------|---------------|------|-------------|--|
|        | District None | When | Case Number |  |

District \_\_\_\_\_\_ When \_\_\_\_ Case Number \_\_\_\_\_\_

MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business parter, or by affiliate?

| No |
|----|
|----|

No

Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_
District \_\_\_\_ When \_\_\_ Case Number, if known \_\_\_\_\_

MM / DD / YYYY

11. Do you rent your residence?

☐ No. Go to line 12

Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Chantha Document Souvanh

Debtor 1

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Case Number (if known)

|                           | First Name   | Middle Name  | Last Name  |
|---------------------------|--|--|--|
| Pa                        | t 3: Report About Any Busin  | esses You Owi                                      | n as a Sole Proprietor   |
| of any full- or part-time |  |  | Go to Part 4.  Name and location of business  Name of business, if any  Number Street  |
|                           | to this petition.  |  | City  Check the appropriate box to describe your business:  Health Care Business (as defined in 11 U.S.C. § 101(27A))  Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  Stockbroker (as defined in 11 U.S.C. § 101(53A))  Commodity Broker (as defined in 11 U.S.C. § 101(6))  None of the above   |
| 13.                       | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and<br>are you a <i>small business</i><br><i>debtor</i> ?<br>For a definition of <i>small</i><br><i>business debtor</i> , see<br>11 U.S.C. § 101(51D).  | appropria: balance si document  No. I  No. I  Yes. | filing under Chapter 11, the court must know whether you are a small business debtor so that it can set te deadlines. If you indicate that you are a small business debtor, you must attach your most recent heet, statement of operations, cash-flow statement, and federal income tax return or if any of these ts do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  I am not filing under Chapter 11.  I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Pa                        | Do you own or have any property that poses or is alleged to pose a threat of imminent and indentifiable hazard to public health or safety? Or do you own any property that needs immediate attention?  For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | ■ No.  | What is the hazard?  If immediate attention is needed, why is it needed?  Where is the property?   |
|                           |  |  | Number Street  City State ZIP Code   |

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You must check one:

Debtor 1 Chantha Souvanh Fage 3 01 03

Case Number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| out Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|---------------|---|
|               |   |

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit counseling because of: |  |  |
|---|--|--|
| Incapacity.   | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. |  |
| Disability.   | <b>Disability</b> . My physical disability causes me   |  |

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| _]ı | am not required to receive a briefing about |
|-----|---|
| ٦,  | credit counseling because of:               |

| Incapacity. | I have a mental illness or a menta |
|-------------|------------------------------------|
|             | deficiency that makes me           |

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1

Chantha

Case Number (if known)

| 6. What kind of debts o<br>you have?  | as "incurred by an individual"  No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primaril   |  |  |  |  |
|---|--|--|--|--|--|
|   | □No. Go to line 16c. □Yes. Go to line 17.  16c. State the type of debts you  | owe that are not consumer debts or business of   | debts.   |  |  |
| <ol> <li>Are you filing under<br/>Chapter 7?</li> </ol>   | □ No. I am not filing under 0  | Chapter 7. Go to line 18.  |  |  |  |
| Do you estimate that any exempt property excluded and administrative expenses paid that funds we available for distributo unsecured credite | t after administrative expensive is No.  nses Yes.  Alter administrative expensive exp | pter 7. Do you estimate that after any exempt p<br>ses are paid that funds will be available to distril  | · ·  |  |  |
| 3. How many creditors<br>you estimate that yo<br>owe?   |  | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000   |  |  |
| estimate your assets be worth?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | □ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  More than \$50 billion |  |  |
| o. How much do you estimate your liabilit to be?  | \$0-\$50,000 ies \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  More than \$50 billion |  |  |
| Part 7: Sign Below  |  |  |  |  |  |
| or you  | correct.  If I have chosen to file under Cha   | d I declare under penalty of perjury that the info<br>apter 7, I am aware that I may proceed, if eligible<br>understand the relief available under each chap | e, under Chapter 7, 11,12, or 13   |  |  |
|   | ž i  | I I did not pay or agree to pay someone who is r<br>and read the notice required by 11 U.S.C. § 3420   |  |  |  |
|   | I understand making a false state  | h the chapter of title 11, United States Code, spement, concealing property, or obtaining money It in fines up to \$250,000, or imprisonment for und 3571.   | or property by fraud in connection   |  |  |
|   | /s/ Chantha Souvan Signature of Debtor 1   |  | Elizabeth Vang<br>ture of Debtor 2   |  |  |
|   | Executed on 08/25/20   | 16 Execu   | uted on08/25/2016  |  |  |

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Debtor 1 Chantha Souvanh Page 7 OT 63
First Name Middle Name Last Name Page 7 OT 63

Case Number (if known) \_\_\_\_\_\_\_

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| 🗶 /s/ Marc Adam Affolter         | Date     | Date: 08/30/2              | 016       |
|----------------------------------|----------|----------------------------|-----------|
| Signature of Attorney for Debtor | Buto     | MM / DD / YYYY             |           |
| Marc Adam Affolter               |          |                            |           |
| Printed name                     |          |                            | -         |
| Geraci Law L.L.C.                |          |                            |           |
| Firm name                        |          |                            | -         |
| 55 E. Monroe St., #3400          |          |                            |           |
| Number Street                    |          |                            | -         |
|                                  |          |                            | -         |
| Chicago                          | IL       | 60603                      |           |
| City                             | State    | ZIP Code                   |           |
| Contact Phone 312-332-1800       | Email ad | <sub>dress</sub> ndil@gera | cilaw.com |
| 6312227                          | IL       |                            |           |
| Bar number                       | State    | <del></del>                |           |

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| ebtor 1 Cn              | antha               |                                 | Souvanh             |
|-------------------------|---------------------|---------------------------------|---------------------|
| First I                 | Name                | Middle Name                     | Last Name           |
| ebtor 2 <u>Eli</u>      | zabeth              |                                 | Vang                |
| oouse, if filing) First | Name                | Middle Name                     | Last Name           |
| nited States Bank       | ruptcy Court for th | e : <u>NORTHERN</u> District of | ILLINOIS<br>(State) |

#### Check if this is an amended filing

## Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: | Summarize Your Assets  |                                      |
|---------|--|--------------------------------------|
|         |  | Your assets<br>Value of what you own |
|         | le A/B: Property (Official Form 106A/B) y line 55, Total real estate, from Schedule A/B  | <u> </u>                             |
| 1b. Cop | y line 62, Total personal property, from Schedule A/B  | \$ 10,886                            |
| 1c. Cop | y line 63, Total of all property on <i>Schedule A/B</i>  | \$ 10,886                            |
| Part 2: | Summarize Your Liabilities   |                                      |
|         |  | Your liabilities<br>Amount you owe   |
|         | le D: Creditors Who Have Claims Secured by Property (Official Form 106D) y the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$11,698                             |
|         | le E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) y the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$0<br>\$26,178                      |
| 3b. Сор | y the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | Ψ20,170                              |
|         |  |                                      |
| Part 3: | Summarize Your Liabilities   |                                      |
|         | te I: Your Income (Official Form 106I) our combined monthly income from line 12 of Schedule I  | \$2,831.36                           |
|         | le J: Your Expenses (Official Form 106J) our monthly expenses from line 22c of Schedule J  | \$2,830.00                           |

Document Souvanh

Middle Name

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Case Number (if known)

| <u>IntriesDescription</u>  | AssetsAmount LiabilitiesAmount                        |       |
|--|---|-------|
| Answer These Questions for Administrative and Statistical Records  |   |       |
| 6. Are you filing for bankruptcy under Chapter 7, 11 or 13?  No. You have nothing to report on this part of the form. Check this box and subremark. Yes  | mit this form to the court with your other schedules. |       |
| <ul> <li>7. What kind of debt do you have?</li> <li>Your debts are primarily consumer debts. Consumer debts are those "incurred family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistica</li> <li>Your debts are not primarily consumer debts. You have nothing to report on this form to the court with your other schedules.</li> </ul> | al purposes. 28 U.S.C. § 159.                         |       |
| 8. From the Statement of Your Current Monthly Income: Copy your total current mon Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.   | nthly income from Official \$ 2,73                    | 37.67 |
| 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F From Part 4 of Schedule E/F, copy the following:  | //F: Total claim                                      |       |
| 9a. Domestic support obligations (Copy line 6a.)   | \$_0.00   |       |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$_0.00   |       |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$_0.00   |       |
| 9d. Student loans. (Copy line 6f.)   | \$_0.00   |       |
| 9e. Obligations arising out of a separation agreement or divorce that you did not repopriority claims. (Copy line 6g.)   | ort as \$_0.00  |       |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)   | \$_0.00   |       |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$_0.00   |       |

Chantha

First Name

Debtor 1

|   | Caso 16  | 3 27957 Doc 1  | Eilad 09/20/16  | Entered 08/30/16 1   | 7:01:58 De               | sc Main   |
|---|--|--|---|--|--------------------------|---|
| Fill in this in   | formation to ider  | ntify your case and this filir   | ng:   | 0 of 63  |                          | oo man  |
| Debtor 1  | Chantha  |  | Souvanh   |  |                          |   |
|   | First Name   | Middle Name  | Last Name   |  |                          |   |
| Debtor 2<br>(Spouse, if filing)                               | Elizabeth First Name   | Middle Name  | Vang  Last Name   |  |                          |   |
| United States   | Bankruntev Court fo  | or the : <u>NORTHERN</u> Distric   | tof ILLINOIS  |  |                          |   |
|   |  | or the . <u>Northern</u> bisthe  | (State)   |  |                          | Check if this is an   |
| Case Number<br>(If known)                                     |  |  |   |  |                          | amended filing  |
| Official F  | orm 106A   | <u>/B</u>  |   |  |                          |   |
| Schedul   | e A/B: Pro   | operty   |   |  |                          | 12/15   |
| ategory where<br>esponsible for<br>ages, write you<br>Part 1: | you think it fits supplying correcture name and cas  | best. Be as complete and a<br>ct information. If more spac<br>e number (if known). Answ<br>sidence, Building, Land, or O | ccurate as possible. If two ma  |  | both are equally         |   |
|   | -  | -  | our entries fro Part 1, includin  |  | >                        |   |
| you nave at   | tached for Part 1  | Write that number here   |   |  |                          | \$0.00  |
| Part 2:   | Describe Your Vel  | nicles   |   |  |                          |   |
| No. Yes.  No.  Yes.  No.  Yes.  No.  Yes.  No.  Yes.          | Describe flake: flodel: flodel: floar: | homes, ATVs and other recors, personal watercraft, fishing   | Who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 onl At least one of the debtors  Check if this is communinstructions)  Creational vehicles, other vehivessels, snowmobiles, motorcycle | y s and another unity property (see icles, and accessories accessories | the amount of any second | portion you own?  |
|   |  |  | our entries fro Part 2, includin  | ng any entries for pages   |                          | \$ 9,025.00   |
|   |  |  |   |  |                          |   |
| rait 5.   |  | sonal and Household Items  |   |  |                          |   |
| Do you own or   | have any legal o   | or equitable interest in any   | of the following items?   |  |                          | Current value of the portion you own?  Do not deduct secured claims or exemptions |
| Examples:   |  | i <b>ishings</b><br>urniture, linens, china, kitchenwa   | are   |  |                          | 1   |
| Yes.  | Describe   | Furniture, linens, small applian   | ces, table & chairs, bedroom set  |  | \$800                    | \$ 800.00   |

Official Form 106A/B Record # 712307 Schedule A/B: Property Page 1 of 6

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— Document Page 11 of 63 umber (if known) Doc 1 Case 16-27857 Desc Main Chantha Debtor 1 07. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No. Yes. Describe..... Flat screen TV, computer, printer, music collection, cell phone \$500 500.00 08. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No. Describe..... Yes. 0.00 09. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No. Describe..... 0.00 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No. Describe..... Yes. Pistol \$100 100.00 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Nο Describe..... Everyday clothes, shoes, accessories \$200 200.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No. Describe..... Yes. Costume jewelry, wedding bands \$200 200.00 13. Non-farm animals Examples: Dogs, cats, birds, horses No. Describe..... Yes. 0.00 14. Any other personal and household items you did not already list, including any health aids you did not list Describe..... 0.00 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,800.00 for Part 3. Write that number here ..... **Describe Your Financial Assets** 

Do you own or have any legal or equitable interest in any of the following?

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Current value of the portion you own?

Do not deduct secured of

Do not deduct secured claims or exemptions

0.00

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16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No.

Official Form 106A/B

Yes. Describe.....

Schedule A/B: Property

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Middle Name

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| 17. | Deposits of  | f money           |  |   |                    |    |       |
|-----|--------------|-------------------|--|---|--------------------|----|-------|
|     |              |                   |  | rtificates of deposit; shares in credit unions, brokerage hou<br>ith the same institution, list each. | ses,               |    |       |
|     | Yes.         | Describe          | Account Type:  | Institution name:   |                    |    |       |
|     |              |                   | Checking Account   | BOA   |                    | \$ | 1.00  |
|     |              |                   | Checking Account   | Chase   |                    | \$ | 60.00 |
|     |              |                   |  |   |                    | \$ | 61.00 |
| 18. |              | -                 | publicly traded stocks<br>tment accounts with brokerag   | firms, money market accounts  |                    |    |       |
|     | Yes.         | Describe          | Institution or issuer name                               |   |                    |    |       |
| 19. | Non-public   | ly traded stock   | and interests in incorpo                                 | nted and unincorporated businesses, including an  | ı interest in      | \$ | 0.00  |
|     | Yes.         | Describe          | Name of Entity and Perc                                  | nt of Ownership:  |                    | •  | 0.00  |
| 20. | Governmen    | nt and corporat   | e bonds and other negot                                  | ble and non-negotiable instruments  |                    | Ψ  |       |
|     | Negotiable i | nstruments includ | le personal checks, cashiers'                            | necks, promissory notes, and money orders. someone by signing or delivering them.                     |                    |    |       |
|     | Yes.         | Describe          | Issuer name:   |   |                    | \$ | 0.00  |
| 21. | Retirement   | or pension ac     | counts   |   |                    | Ψ  |       |
|     |              | =                 |  | nrift savings accounts, or other pension or profit-sharing plan                                       | ns                 |    |       |
|     | Yes.         | Describe          | Type of account and Inst                                 | ution name:   |                    | \$ | 0.00  |
| 22. | Your share   |                   | osits you have made so that y                            | u may continue service or use from a company illities (electric, gas, water), telecommunications      |                    |    |       |
|     | Yes.         | Describe          | Institution name or indivi                               | ual:  |                    | \$ | 0.00  |
| 23. | Annuities (  | A contract for    | a periodic payment of mo                                 | ey to you, either for life or for a number of years)  |                    |    |       |
|     | Yes.         | Describe          | Issuer name and descrip                                  | on:   |                    | _  | 0.00  |
| 24. |              |                   | IRA, in an account in a qu<br>(b), and 529(b)(1).        | lified ABLE program, or under a qualified state tu  | iition program.    | \$ | 0.00  |
|     | Yes.         | Describe          | Institution name and des                                 | iption. Separately file the records of any interests.17   | 1 U.S.C. § 521(c): | \$ | 0.00  |
| 25. | Trusts, equ  | itable or future  | interests in property (ot                                | er than anything listed in line 1), and rights or pov   | wers               | *  |       |
|     | Yes.         | Describe          |  |   |                    | \$ | 0.00  |
| 26. |              |                   |  | other intellectual property royalties and licensing agreements  |                    |    |       |
|     | Yes.         | Describe          |  |   |                    | \$ | 0.00  |
| 27. |              |                   | other general intangible exclusive licenses, cooperative | association holdings, liquor licenses, professional licenses  |                    |    |       |
|     | Yes.         | Describe          |  |   |                    | \$ | 0.00  |

Chantha Case 16-27857 Doc 1 Debtor 1

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Middle Name

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| Мог | ney or prope  | rty owed to yo                      | u?  | Current value of the portion you own? Do not deduct secured claims or exemptions |
|-----|---------------|-------------------------------------|---|--|
| 28. | Tax refunds   | owed to you                         |   |  |
|     | No. Yes.      | Describe                            |   |  |
|     | _             |                                     |   | \$0.00   |
| 29. | Examples: P   |                                     | um alimony, spousal support, child support, maintenance, divorce settlement, property settlement                                  |  |
|     | Yes.          | Describe                            |   | \$ 0.00  |
| 30. | Other amou    | ınts someone c                      | owes you  | \$ <u>0.0</u> 0  |
|     |               |                                     | ability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, id loans you made to someone else |  |
|     | Yes.          | Describe                            |   | \$ 0.00  |
| 31. |               | nsurance polic                      |   | \$ <u>0.0</u> 0  |
|     | Examples: H   | •                                   | r life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  Company Name & Beneficiary:           |  |
|     | Yes.          | Describe                            | Company Name & Beneficiary.   |  |
| 32. | Any interes   | t in property th                    | at is due you from someone who has died   | \$0.00   |
|     | -             | e beneficiary of a cause someone ha | iving trust, expect proceeds from a life insurance policy, or are currently entitled to receive as died.                          |  |
|     | Yes.          | Describe                            |   | \$ 0.00  |
| 33. | _             | -                                   | s, whether or not you have filed a lawsuit or made a demand for payment ment disputes, insurance claims, or rights to sue         | <u>,</u>   |
|     | Yes.          | Describe                            |   |  |
| 34. | Other conti   | ngent and unlic                     | quidated claims of every nature, including counterclaims of the debtor and rights   | \$ <u>0.0</u> 0  |
|     | Yes.          | Describe                            |   |  |
| 35. | Anv financi   | al assets vou d                     | id not already list   | \$0.00   |
|     | No.           | ,                                   |   |  |
|     | Yes.          | Describe                            |   | \$0.00   |
| 36. | Add the dol   | lar value of all                    | of your entries from Part 4, including any entries for pages you have attached  |  |
| '   | for Part 4. W | rite that number                    | er here>  | \$61.00  |
| P   | art 5: De     | escribe Any Bus                     | iness-Related Property You Own or Have an Interest In. List any real estate in Part 1.  |  |
| 37. |               | or have any le                      | gal or equitable interest in any business-related property?   |  |
|     | No.           |                                     |   |  |
|     | _             |                                     |   | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38. | Accounts re   | eceivable or co                     | mmissions you already earned  |  |
|     | Yes.          | Describe                            |   |  |
|     |               |                                     |   | \$0.00   |

Chantha Case 16-27857 Doc 1 Desc Main Debtor 1 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices Yes. Describe..... 0.00 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade Describe..... Yes. 0.00 41. Inventory No. Describe..... Yes. 0.00 42. Interests in partnerships or joint ventures Name of Entity and Percent of Ownership: Yes. Describe..... 0.00 43. Customer lists, mailing lists, or other compilations No. Yes. Describe..... 0.00 44. Any business-related property you did not already list Describe..... 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$ 0.00 for Part 5. Write that number here ----Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? Describe..... Yes 0.00 47. Farm animals Examples: Livestock, poultry, farm-raised fish No. Yes. Describe..... 0.00 48. Crops-either growing or harvested No. Yes. Describe..... 0.00 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No. Yes. Describe..... 0.00 50. Farm and fishing supplies, chemicals, and feed Yes. Describe.....

Schedule A/B: Property

51. Any farm- and commercial fishing-related property you did not already list

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52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached

Yes.

Official Form 106A/B

Describe.....

0.00

0.00

\$0.00

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Desc Main

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Souvanh
Document Page 15 of 8 3 umber (if known) Chantha Case 16-27857 Doc 1 Describe All Property You Own or Have an Interest in That You Did Not List Above

| Part 7: Describe All Property You Own or have an interest in That You Did Not  | LIST ADOVE   |              |
|--|--------------|--------------|
| 53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No. |              |              |
| Yes. Describe  |              | \$0.00       |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here  | ·>           | \$0.00       |
| Part 8: List the Totals of Each Part of this Form  |              |              |
| 55. Part 1: Total real estate, line 2  |              | \$ 0.00      |
| 56. Part 2: Total vehicles, line 5   | \$ 9,025.00  |              |
| 57. Part 3: Total personal and household items, line 15  | \$ 1,800.00  |              |
| 58. Part 4: Total financial assets, line 36  | \$ 61.00     |              |
| 59. Part 5: Total business-related property, line 45   | \$ 0.00      |              |
| 60. Part 6: Total farm- and fishing-related property, line 52  | \$ 0.00      |              |
| 61. Part 7: Total other property not listed, line 54   | \$ 0.00      |              |
| 62. Total personal property. Add lines 56 through 61   | \$ 10,886.00 | \$ 10,886.00 |
|  |              |              |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62   |              | \$10,886.00  |

| Fill in this in     | formation to identif    | y your case:                     |                      |
|---------------------|-------------------------|----------------------------------|----------------------|
| Debtor 1            | Chantha                 |                                  | Souvanh              |
|                     | First Name              | Middle Name                      | Last Name            |
| Debtor 2            | Elizabeth               |                                  | Vang                 |
| (Spouse, if filing) | First Name              | Middle Name                      | Last Name            |
| United States       | Bankruptcy Court for th | ne : <u>NORTHERN</u> District of | _ILLINOIS<br>(State) |
| Case Number         | r                       |                                  |                      |
| (If known)          |                         |                                  |                      |

## Official Form 106C

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| =                       | ming state and federal nonbankrupt                               | •                                    | § 522(b)(3)   |                                    |
|-------------------------|--|--------------------------------------|---|------------------------------------|
|                         | ming federal exemptions. 11 U.S.C.                               | § 522(b)(2)                          |   |                                    |
| For any property        | y you list on Schedule A/B that yo                               | ou claim as exempt, fill in          | the information below.  |                                    |
| •                       | on of the property and line on hat lists this property           | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption |
|                         |  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                    |
| Brief description:      | 2008 Nissan Rogue with over 116,000 miles                        | \$_9,025                             | \$ _ 2,400  | 735 ILCS 5/12-1001(c) - \$2,400.00 |
| Line from Schedule A/B: | 03   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:      | Furniture, linens, small appliances, table & chairs, bedroom set | \$_800                               | <b></b>   | 735 ILCS 5/12-1001(b) - \$800.00   |
| Line from Schedule A/B: | 06   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:      | Flat screen TV, computer, printer, music collection, cell phone  | \$ <u>500</u>                        | <b></b> \$  | 735 ILCS 5/12-1001(b) - \$500.00   |
| Line from Schedule A/B: | 07   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:      | Pistol   | \$_100                               | <b></b> \$  | 735 ILCS 5/12-1001(b) - \$100.00   |
| Line from Schedule A/B: | 10   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
|                         |  |                                      |   |                                    |
| fficial Form 106C       | Record # 712307  | Schodulo C: T                        | The Property You Claim as Exempt                                | Page 1 of                          |

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Debtor 1 Chantha

First Name

Middle Name

Last Name

| Part 2                  | ional Page   |                                      |   |                                      |
|-------------------------|--|--------------------------------------|---|--------------------------------------|
|                         | on of the property and line on<br>that lists this property | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption   |
|                         |  | Copy the value from Schedule A/B     | Check only one box for each exemption                           |                                      |
| Brief description:      | Everyday clothes, shoes, accessories                       | \$_200                               | <b></b> \$  | 735 ILCS 5/12-1001(a),(e) - \$200.00 |
| Line from Schedule A/B: | 11   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief description:      | Costume jewelry, wedding bands                             | \$ <u>200</u>                        | <b></b> \$  | 735 ILCS 5/12-1001(b) - \$200.00     |
| Line from Schedule A/B: | 12   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief description:      | Checking Account, BOA, 1.00                                | \$ <u>1</u>                          | <b></b> \$  | 735 ILCS 5/12-1001(b) - \$1.00       |
| Line from Schedule A/B: | <u>17</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief description:      | Checking Account, Chase, 60.00                             | \$_ 60                               | <b>\$</b>   | 735 ILCS 5/12-1001(b) - \$60.00      |
| Line from Schedule A/B: | <u>17</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Yes. Did you No Yes.    | acquire the property covered by th                         | e exemption within 1,215 d           | lays before you filed this case?                                |                                      |
|                         |  |                                      |   |                                      |
|                         |  |                                      |   |                                      |
|                         |  |                                      |   |                                      |
|                         |  |                                      |   |                                      |
|                         |  |                                      |   |                                      |
|                         |  |                                      |   |                                      |
|                         |  |                                      |   |                                      |
|                         |  |                                      |   |                                      |
|                         |  |                                      |   |                                      |
|                         |  |                                      |   |                                      |
| Official Form 1060      | C Record # 712307  | Schedule C: T                        | he Property You Claim as Exempt                                 | Page 2 of 2                          |

| 7 111 111 1110 1  | nformation to identif  | y your case:   |  | tored 08/30/16<br>8 of 63                   |  |  |                          |
|---|--|--|--|---|--|--|--------------------------|
| Debtor 1  | Chantha  |  | Souvanh  |   |  |  |                          |
| Debtor 2  | First Name Elizabeth   | Middle Name  | Last Name  Vang  |   |  |  |                          |
| (Spouse, if filing)   | First Name   | Middle Name  | Last Name  |   |  |  |                          |
| United State  Case Number (If known)  | s Bankruptcy Court for th  | ne : <u>NORTHERN</u>   | _ District of _ <u>ILLINOIS</u> (State)  |   |  | Check if thi   |                          |
| Official F  | orm 106D   |  |  |   |  |  |                          |
| Schedule  | D: Creditors   | s Who Have   | Claims Secured by Prop   | erty  |  |  | 12/                      |
|   | fill in all of the informa   |  | e court with your other schedules. You have  | riotiling else to report o                  | iii ulis loitii.                                       |  |                          |
| Part 1:   | List All Secured Clain   |  |  |   | Column A   | Column A   | Column C                 |
| 2. List all so  | List All Secured Clain ecured claims. If a creclaim. If more than or   | editor has more the  | an one secured claim, list the creditor separ articular claim, list the other creditors in Part al order according to the creditors name.  | ately t 2.                                  | Amount of claim  Do not deduct the                     | Column A  Value of collateral that supports this claim |                          |
| 2. List all so for each (As much  | ecured claims. If a creclaim. If more than or as possible, list the cl   | editor has more the  | articular claim, list the other creditors in Part  | ately<br>t 2.                               | Amount of claim  | Value of collateral that supports this                 | Unsecured portion        |
| 2. List all so for each of As much  2.1 DT Cro  | List All Secured Claim ecured claims. If a cre claim. If more than or as possible, list the cl   | editor has more the  | articular claim, list the other creditors in Parl<br>al order according to the creditors name.   | ately<br>t 2.                               | Amount of claim  Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim     | Unsecured portion If any |
| 2. List all so for each of As much  2.1 DT Creditor's 7300 E  | ecured claims. If a creclaim. If more than or as possible, list the cledit  s Name E Hampton Ave  Street   | editor has more the  | articular claim, list the other creditors in Part al order according to the creditors name.  Describe the property that secures the c  2008 Nissan Rogue with over 116,000  As of the date you file, the claim is: Che  Contingent  Unliquidated   | ately t 2. claim: miles                     | Amount of claim  Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim     | Unsecured portion If any |
| 2. List all se for each of As much  2.1 DT Creditor's 7300 E Number  Mesa City  Who owe                       | List All Secured Claim ecured claims. If a cre claim. If more than or as possible, list the cl edit s Name E Hampton Ave Street  | editor has more the creditor has a plaims in alphabetic has a plaims in alphabetic has been seen as a seen  | articular claim, list the other creditors in Part al order according to the creditors name.  Describe the property that secures the claim is: Che Contingent Unliquidated Disputed  Nature of Lien. Check all that apply.  An agreement you made (such as mortget)   | rately t 2. claim: miles ck all that apply. | Amount of claim  Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim     | Unsecured portion If any |
| 2. List all se for each of As much  2.1 DT Cru Creditor's 7300 E Number  Mesa City  Who owe                   | ecured claims. If a creclaim. If more than or as possible, list the cledit  Name Hampton Ave Street  | editor has more the creditor has a plaims in alphabetic has a plaims in alphabetic has been seen as a seen  | articular claim, list the other creditors in Parl al order according to the creditors name.  Describe the property that secures the claim is: Che Contingent Unliquidated Disputed Nature of Lien. Check all that apply.   | rately t 2. claim: miles ck all that apply. | Amount of claim  Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim     | Unsecured portion If any |
| 2. List all so for each of As much  2.1 DT Creditor's 7300 E Number  Mesa City  Who owe Debtor Debtor Debtor  | List All Secured Claim ecured claims. If a cre claim. If more than or as possible, list the cl edit s Name E Hampton Ave Street  set the debt? Check one. r 1 only r 2 only                      | editor has more the creditor has a plaims in alphabetic same and same and same are same as a same are same as a same are same as a same are same are same as a same are same a | articular claim, list the other creditors in Part al order according to the creditors name.  Describe the property that secures the case of the date you file, the claim is: Chestand Contingent Unliquidated Disputed  Nature of Lien. Check all that apply.  An agreement you made (such as mortgater loan)  Statutory lien (such as tax lien, mechanic Judgment lien from a lawsuit | rately t 2. claim: miles ck all that apply. | Amount of claim  Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim     | Unsecured portion If any |
| 2. List all se for each of As much  2.1 DT Creditor's 7300 E Number  Mesa City  Who owe Debtor Debtor At leas | List All Secured Claim ecured claims. If a cre claim. If more than or as possible, list the cl edit s Name E Hampton Ave Street  st the debt? Check one. r 1 only r 2 only r 1 and Debtor 2 only | editor has more the creditor has a plaims in alphabetic same and the control of t | articular claim, list the other creditors in Part al order according to the creditors name.  Describe the property that secures the case of the date you file, the claim is: Chestand Contingent Unliquidated Disputed  Nature of Lien. Check all that apply.  An agreement you made (such as mortgater loan)  Statutory lien (such as tax lien, mechanic                              | rately t 2. claim: miles ck all that apply. | Amount of claim  Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim     | Unsecured portion If any |

|  | Caso 16 27957   | Doc 1   | Filad 09/20/16  | Entered 08/30/16 17   | :01:58 I  | Desc Main              |                    |
|--|---|---|---|---|---|------------------------|--------------------|
| Fill in t  | his information to identify your case   | i:  |   | 9 of 63   |   |                        |                    |
| Debtor   | Chantha Chantha   |   | Souvanh   |   |   |                        |                    |
|  | First Name Mid  | ddle Name   | Last Name   |   |   |                        |                    |
| Debtor   | 2 Elizabeth   |   | Vang  |   |   |                        |                    |
| (Spouse, if  | filling) First Name Mid   | ddle Name   | Last Name   |   |   |                        |                    |
| United :   | States Bankruptcy Court for the : <u>NORTH</u>  | HERN District of  |   |   |   |                        |                    |
| Case N   | umber   |   | (State)   |   |   | Check if t             | this is an         |
| (If know   | n)  |   |   |   |   | amended                | l filing           |
| Officia  | al Form 106E/F  |   |   |   |   |                        |                    |
| Sched  | ule E/F: Creditors Who  | Have Ur   | secured Claims  | •   |   |                        | 12/15              |
| ist the ot<br>\/B: Propereditors when the contract of the contra | uplete and accurate as possible. Use her party to any executory contracts erty (Official Form 106A/B) and on S with partially secured claims that are poy the Part you need, fill it out, num additional pages, write your name a | s or unexpired<br>chedule G: Exe<br>listed in Sche<br>nber the entries<br>and case numb | leases that could result in<br>ecutory Contracts and Une<br>dule D: Creditors Who Ha<br>s in the boxes on the left. A | a claim. Also list executory contract<br>expired Leases (Official Form 106G<br>we Claims Secured by Property. If r              | cts on <i>Schedule</i><br>). Do not includ<br>nore space is | 9                      |                    |
|  | y creditors have priority unsecured   | claims against  | vou?  |   |   |                        |                    |
| _  | o. Go to Part 2.  | olumo ugumot  | jou.  |   |   |                        |                    |
| □ Ye   |   |   |   |   |   |                        |                    |
|  | es.<br>Il of your priority unsecured claims.  | If a creditor has   | s more than one priority uns  | secured claim, list the creditor separa   | itely for each cla  | aim. For               |                    |
| each<br>nonpr<br>unsec   | claim listed, identify what type of claim<br>iority amounts. As much as possible,<br>cured claims, fill out the Continuation F  | n it is. If a claim<br>list the claims in<br>Page of Part 1.                            | has both priority and nonpr<br>n alphabetical order accordi<br>If more than one creditor ho                           | riority amounts, list that claim here ar<br>ng to the creditor's name. If you have<br>olds a particular claim, list the other c | nd show both pri<br>e more than two                         | iority and<br>priority |                    |
| (For a   | n explanation of each type of claim, s  | ee the instruction  | ons for this form in the instru   | uction booklet.)  | Total claim   | Priority               | Nonpriority        |
|  | _   |   |   |   |   | amount                 | amount             |
| Part 2:  | List All of Your NONPRIORITY Un   | secured Claims  |   |   |   |                        |                    |
| 3. Do an   | y creditors have nonpriority unsecu   | red claims aga  | inst you?   |   |   |                        |                    |
| ☐ N  | o. You have nothing to report in this p   | art. Submit thi   | s form to the court with you  | r other schedules.  |   |                        |                    |
| Y  | es.   |   |   |   |   |                        |                    |
| nonpr<br>includ  | II of your nonpriority unsecured clain<br>iority unsecured claim, list the creditor<br>led in Part 1. If more than one creditor<br>is fill out the Continuation Page of Part  | separately for holds a particu  | each claim. For each claim  | listed, identify what type of claim it is   | s. Do not list clai   | ims already            |                    |
| Clairis  | s iiii out tile Continuation Fage of Fart   | . 2.  |   |   |   |                        | Total claim        |
| 7.1  | dvance American   | _ Last  | 4 digits of account number  |   |   |                        | \$ <u>1,473.00</u> |
|  | editor's Name<br>'3 S. Taylor Dr.   | Whe   | n was the debt incurred?  |   |   |                        |                    |
| Nu   | mber Street   |   |   |   |   |                        |                    |
|  |   | _ As o  | f the date you file, the claim  | is: Check all that apply.   |   |                        |                    |
| Sh   | neboygan WI 53081   | _ =   | Contingent  |   |   |                        |                    |
| Cit  | y State Zip Co  | — ∐'  | Jnliquidated<br>Disputed  |   |   |                        |                    |
|  | owes the debt? Check one.   | П   | isputed   |   |   |                        |                    |
| =  | ebtor 1 only  | Torre   | of NONDRIGHTY   | nd claim:   |   |                        |                    |
| =  | ebtor 2 only<br>lebtor 1 and Debtor 2 only  |   | e of NONPRIORITY unsecure<br>Student loans  | su cidilli.   |   |                        |                    |
| =  | t least one of the debtors and another  |   | Dbligations arising out of a sepa   | ration agreement or divorce   |   |                        |                    |
| =  | Check if this claim relates to a  | _   | nat you did not report as priority  |   |   |                        |                    |
|  | ommunity debt   |   |   | g plans, and other similar debts  |   |                        |                    |
|  | e claim subject to offest?  | _   |   |   |   |                        |                    |
|  | lo  |   | Other. Specify  |   |   |                        |                    |
|  | 'es   |   |   |   |   |                        |                    |

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| 4.2 | Alliance Collection AG                             | Last 4 digits of account number          | 4885                         | \$ <u>116.00</u> |
|-----|--|--|------------------------------|------------------|
|     | Creditor's Name                                    |  | 2016 2016                    |                  |
|     | 3916 S Business Park Ave                           | When was the debt incurred?              | 2016-2016                    |                  |
|     | Number Street                                      |  |                              |                  |
|     |  | As of the date you file, the claim is:   | Check all that apply.        |                  |
|     |  | Contingent                               |                              |                  |
|     | Marshfield WI 54449                                | Unliquidated                             |                              |                  |
| ١ ، | City State Zip Code  Who owes the debt? Check one. | Disputed                                 |                              |                  |
|     | Debtor 1 only                                      |  |                              |                  |
| i   | Debtor 2 only                                      | Type of NONPRIORITY unsecured c          | laim:                        |                  |
| l i | Debtor 1 and Debtor 2 only                         | Student loans                            |                              |                  |
| l i | At least one of the debtors and another            | Obligations arising out of a separation  | on agreement or divorce      |                  |
| l i | Check if this claim relates to a                   | that you did not report as priority clai | ims                          |                  |
| '   | community debt                                     | Debts to pension or profit-sharing pla   | ans, and other similar debts |                  |
|     | s the claim subject to offest?                     |  |                              |                  |
|     | No   | Other. Specify Medical Debt              |                              |                  |
|     | Yes Alliant Energy                                 |  |                              | <b>\$</b> 276.00 |
| 4.3 | Creditor's Name                                    | Last 4 digits of account number          | <del></del>                  | \$ 270.00        |
|     | PO Box 3062  | When was the debt incurred?              |                              |                  |
|     | Number Street                                      |  |                              |                  |
|     |  | A a of the data way file the alaim is.   | Observe all the transfer     |                  |
|     |  | As of the date you file, the claim is:   | спеск ан тлат арргу.         |                  |
|     | Cedar Rapids IA 52406                              | Contingent                               |                              |                  |
|     | City State Zip Code                                | Unliquidated                             |                              |                  |
| '   | Who owes the debt? Check one.                      | Disputed                                 |                              |                  |
|     | Debtor 1 only                                      |  |                              |                  |
| !   | Debtor 2 only                                      | Type of NONPRIORITY unsecured c          | laim:                        |                  |
| !   | Debtor 1 and Debtor 2 only                         | Student loans                            |                              |                  |
| !   | At least one of the debtors and another            | Obligations arising out of a separation  |                              |                  |
|     | Check if this claim relates to a                   | that you did not report as priority clai |                              |                  |
| ١,  | community debt s the claim subject to offest?      | Debts to pension or profit-sharing pla   | ans, and other similar debts |                  |
|     | No   | Other. Specify Utility Bills/Cellu       | ılar Service                 |                  |
| i   | Yes  | Other: Specify Similar Solution          |                              |                  |
| 4.4 | Allstate Insurance                                 | Last 4 digits of account number          |                              | <b>\$</b> 153.00 |
|     | Creditor's Name                                    |  |                              |                  |
|     | 75 Executive Pkwy                                  | When was the debt incurred?              |                              |                  |
|     | Number Street                                      |  |                              |                  |
|     |  | As of the date you file, the claim is:   | Check all that apply.        |                  |
|     | Under 2004   | Contingent                               |                              |                  |
|     | Hudson OH 44237-0001                               | Unliquidated                             |                              |                  |
| 1   | City State Zip Code  Who owes the debt? Check one. | Disputed                                 |                              |                  |
|     | Debtor 1 only                                      |  |                              |                  |
| l i | Debtor 2 only                                      | Type of NONPRIORITY unsecured c          | laim:                        |                  |
| j   | Debtor 1 and Debtor 2 only                         | Student loans                            |                              |                  |
| j   | At least one of the debtors and another            | Obligations arising out of a separation  | on agreement or divorce      |                  |
| j   | Check if this claim relates to a                   | that you did not report as priority clai |                              |                  |
| '   | community debt                                     | Debts to pension or profit-sharing pla   | ans, and other similar debts |                  |
|     | s the claim subject to offest?                     |  |                              |                  |
|     | No   | Other. Specify Insurance                 |                              |                  |
|     | Yes  |  |                              |                  |

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| 4.5 Armor Systems              | <u>CO</u>                    | Last 4 digits of account number           |                              | <u>\$_75.00</u>    |
|--------------------------------|------------------------------|---|------------------------------|--------------------|
| Creditor's Name                |                              |   | 2010-2010                    |                    |
| 1700 Kiefer Dr S               | Ste 1                        | When was the debt incurred?               | 2010-2010                    |                    |
| Number St                      | treet                        |   |                              |                    |
|                                |                              | As of the date you file, the claim is:    | Check all that apply.        |                    |
|                                |                              | Contingent                                |                              |                    |
| Zion                           | IL 60099                     | Unliquidated                              |                              |                    |
| City                           | State Zip Code               | Disputed                                  |                              |                    |
| Who owes the deb               | t? Check one.                | Disputed                                  |                              |                    |
| Debtor 1 only                  |                              |   |                              |                    |
| Debtor 2 only                  |                              | Type of NONPRIORITY unsecured cl          | laim:                        |                    |
| Debtor 1 and Deb               | btor 2 only                  | Student loans                             |                              |                    |
| At least one of the            | e debtors and another        | Obligations arising out of a separation   | on agreement or divorce      |                    |
| Check if this cla              | aim relates to a             | that you did not report as priority claim | ims                          |                    |
| community deb                  |                              | Debts to pension or profit-sharing pla    | ans, and other similar debts |                    |
| Is the claim subjec            | t to offest?                 |   |                              |                    |
| No                             |                              | Other. Specify Medical Debt               |                              |                    |
| Yes Asset Assertan             | 00.11.0                      |   |                              | <b>1</b> 000 00    |
| 4.6 Asset Acceptan             | CE LLU                       | Last 4 digits of account number           |                              | \$ <u>1,009.00</u> |
| Creditor's Name<br>PO Box 2036 |                              | When was the debt incurred?               |                              |                    |
|                                |                              | When was the dept incurred:               | <del></del>                  |                    |
| Number St                      | treet                        |   |                              |                    |
|                                |                              | As of the date you file, the claim is:    | Check all that apply.        |                    |
|                                |                              | Contingent                                |                              |                    |
| Warren                         | MI 48090                     | Unliquidated                              |                              |                    |
| City Who owes the deb          | State Zip Code  17 Check one | Disputed                                  |                              |                    |
| Debtor 1 only                  | er eneek ene.                | _   |                              |                    |
| Debtor 2 only                  |                              | Time of NONDDIODITY image and old         | lation.                      |                    |
|                                | htan O amb                   | Type of NONPRIORITY unsecured cl          | iaiii.                       |                    |
| Debtor 1 and Deb               |                              | =   | and a second and discount    |                    |
|                                | e debtors and another        | Obligations arising out of a separatio    | -                            |                    |
| Check if this cla              |                              | that you did not report as priority clair |                              |                    |
| community deb                  |                              | Debts to pension or profit-sharing pla    | ans, and other similar debts |                    |
| No                             |                              | Other. Specify Credit Card or C           | Prodit Use                   |                    |
| Yes                            |                              | Otner. Specify Credit Card of C           | Diedit Ode                   |                    |
| 4.7 AT&T Mobility              |                              | Last 4 digits of account number           |                              | <b>\$</b> 963.00   |
| Creditor's Name                |                              |   |                              | ,                  |
| PO Box 6428                    |                              | When was the debt incurred?               |                              |                    |
| Number St                      | reet                         |   |                              |                    |
|                                |                              | As of the date you file the eleistic      | Check all that apply         |                    |
|                                |                              | As of the date you file, the claim is:    | опеск ан шасарру.            |                    |
| Carol Stream                   | IL 60197                     | Contingent                                |                              |                    |
| City                           | State Zip Code               | Unliquidated                              |                              |                    |
| Who owes the deb               |                              | Disputed                                  |                              |                    |
| Debtor 1 only                  |                              |   |                              |                    |
| Debtor 2 only                  |                              | Type of NONPRIORITY unsecured cl          | laim:                        |                    |
| Debtor 1 and Deb               | btor 2 only                  | Student loans                             |                              |                    |
| At least one of the            | e debtors and another        | Obligations arising out of a separatio    | on agreement or divorce      |                    |
| Check if this cla              | aim relates to a             | that you did not report as priority clair | ims                          |                    |
| community deb                  |                              | Debts to pension or profit-sharing pla    | ans, and other similar debts |                    |
| Is the claim subjec            | t to offest?                 |   |                              |                    |
| No                             |                              | Other. SpecifyUtility Bills/Cellul        | llar Service                 |                    |
| Yes                            |                              |   |                              |                    |

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| 4.8  | Capital ONE BANK USA N                             | Last 4 digits of account number                | NULL                          | <b>\$</b> 185.00 |
|------|--|--|-------------------------------|------------------|
|      | Creditor's Name                                    |  | 2014 2045                     |                  |
|      | 15000 Capital One Dr                               | When was the debt incurred?                    | 2014-2015                     |                  |
|      | Number Street                                      |  |                               |                  |
|      |  | As of the date you file, the claim is:         | Check all that apply.         |                  |
|      |  | Contingent                                     |                               |                  |
|      | Richmond VA 23238                                  | Unliquidated                                   |                               |                  |
| ١,   | City State Zip Code  Who owes the debt? Check one. | Disputed                                       |                               |                  |
|      | Debtor 1 only                                      | _  |                               |                  |
| l    | Debtor 2 only                                      | Type of NONPRIORITY unsecured c                | laim:                         |                  |
| l i  | Debtor 1 and Debtor 2 only                         | Student loans                                  |                               |                  |
| l i  | At least one of the debtors and another            | Obligations arising out of a separation        | on agreement or divorce       |                  |
| l i  | Check if this claim relates to a                   | that you did not report as priority clai       |                               |                  |
| '    | community debt                                     | Debts to pension or profit-sharing pla         |                               |                  |
| 1 1  | s the claim subject to offest?                     |  |                               |                  |
|      | No   | Other. Specify Credit Card or C                | Credit Use                    |                  |
|      | Yes  |  |                               |                  |
| 4.9  | Capital ONE BANK USA N.A.                          | Last 4 digits of account number                | 0882                          | \$ <u>890.00</u> |
|      | Creditor's Name                                    | When was the debt incurred?                    | 2015-2015                     |                  |
|      | 120 Corporate Blvd Ste 1                           | when was the debt incurred?                    |                               |                  |
|      | Number Street                                      |  |                               |                  |
|      |  | As of the date you file, the claim is:         | Check all that apply.         |                  |
|      | Norfolk VA 23502                                   | Contingent                                     |                               |                  |
|      | City State Zip Code                                | Unliquidated                                   |                               |                  |
| V    | Who owes the debt? Check one.                      | Disputed                                       |                               |                  |
|      | Debtor 1 only                                      |  |                               |                  |
| [    | Debtor 2 only                                      | Type of NONPRIORITY unsecured c                | laim:                         |                  |
| [    | Debtor 1 and Debtor 2 only                         | Student loans                                  |                               |                  |
|      | At least one of the debtors and another            | Obligations arising out of a separation        | on agreement or divorce       |                  |
|      | Check if this claim relates to a                   | that you did not report as priority clai       | ims                           |                  |
|      | community debt                                     | Debts to pension or profit-sharing pla         | ans, and other similar debts  |                  |
| l ¦  | s the claim subject to offest?                     |  |                               |                  |
|      | No   | Other. Specify Unknown Credit                  | Extension                     |                  |
| 4 10 | Yes Cash Net USA                                   | Last 4 digits of account number                |                               | <b>\$</b> 314.00 |
| 4.10 | Creditor's Name                                    | Lust 4 digits of account number                | <del></del>                   | ¥                |
|      | PO Box 643990                                      | When was the debt incurred?                    |                               |                  |
|      | Number Street                                      |  |                               |                  |
|      |  | As of the date you file, the claim is:         | Check all that apply          |                  |
|      |  | Contingent                                     | onoon all that apply.         |                  |
|      | Cincinnati OH 46264                                | Unliquidated                                   |                               |                  |
| ١,   | City State Zip Code  Who owes the debt? Check one. | Disputed                                       |                               |                  |
| ľ    | <b>–</b>   |  |                               |                  |
|      | Debtor 1 only                                      | - ()(0)(0)(0)(0)(0)                            |                               |                  |
|      | Debtor 2 only  Debtor 1 and Debtor 2 only          | Type of NONPRIORITY unsecured c  Student loans | raini:                        |                  |
|      | At least one of the debtors and another            | Obligations arising out of a separation        | on agreement or divorce       |                  |
|      | =  | that you did not report as priority clai       | -                             |                  |
|      | Check if this claim relates to a community debt    | Debts to pension or profit-sharing pla         |                               |                  |
| 1    | s the claim subject to offest?                     | Desire to periodor or profit-sharing pie       | and, and cardi diffinit debte |                  |
|      | No   | Other. Specify Payday                          |                               |                  |
|      | Yes  |  |                               |                  |

Case 16-27857 Doc 1 Filed 08/30/16 Entered 08/30/16 17:01:58 Desc Main Page 23 of 63 **Document** Chantha Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim Charter Communication** \$ 281.00 Last 4 digits of account number \_ Creditor's Name 2016-2016 8014 Bayberry Rd When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Jacksonville 32256 Unliquidated State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Collecting for Creditor Yes Check 'N Go \$ 1,500.00 Last 4 digits of account number 4.12 Creditor's Name 524 Rollins Rd When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Round Lake Beach 60073 IL Unliquidated State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt Is the claim subject to offest?

No Other. Specify PayDay Loan Yes Cottonwood Financial Wisconsin LLC d/b/a The \$ 1,549.00 Last 4 digits of account number 4.13 Creditor's Name 1701 N. Larkin Ave. When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Crest Hill 60435 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify PayDay Loan

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| Part 24 Your NONPRIORITY Unsecured Claims - Co         | ontinuation Page  |                  |
|--|---|------------------|
| After listing any entries on this page, number them be | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim      |
| 4.14 Eastern Account System of Connecticut, Inc.       | Last 4 digits of account number                                   | \$ <u>281.00</u> |
| Creditor's Name  |   |                  |
| PO Box 837   | When was the debt incurred?                                       |                  |
| Number Street  |   |                  |
|  | As of the date you file, the claim is: Check all that apply.      |                  |
| Newtown CT 06470                                       | Contingent  |                  |
| City State Zip Code                                    | Unliquidated  |                  |
| Who owes the debt? Check one.                          | Disputed  |                  |
| Debtor 1 only  |   |                  |
| Debtor 2 only  | Type of NONPRIORITY unsecured claim:                              |                  |
| Debtor 1 and Debtor 2 only                             | Student loans   |                  |
| At least one of the debtors and another                | Obligations arising out of a separation agreement or divorce      |                  |
| Check if this claim relates to a                       | that you did not report as priority claims                        |                  |
| community debt Is the claim subject to offest?         | Debts to pension or profit-sharing plans, and other similar debts |                  |
| No   |   |                  |
| Yes  | Other. Specify  |                  |
| 4.15 First Premier BANK                                | Last 4 digits of account number NULL                              | <b>\$</b> 433.00 |
| Creditor's Name  | 2042-2042   |                  |
| 601 S Minnesota Ave                                    | When was the debt incurred? 2012-2013                             |                  |
| Number Street  |   |                  |
|  | As of the date you file, the claim is: Check all that apply.      |                  |
| Ciano Falla CD 57404                                   | Contingent  |                  |
| Sioux Falls SD 57104                                   | Unliquidated  |                  |
| City State Zip Code  Who owes the debt? Check one.     | Disputed  |                  |
| Debtor 1 only  |   |                  |
| Debtor 2 only  | Type of NONPRIORITY unsecured claim:                              |                  |
| Debtor 1 and Debtor 2 only                             | Student loans   |                  |
| At least one of the debtors and another                | Obligations arising out of a separation agreement or divorce      |                  |
| Check if this claim relates to a                       | that you did not report as priority claims                        |                  |
| community debt   | Debts to pension or profit-sharing plans, and other similar debts |                  |
| Is the claim subject to offest?                        | Overally Overal are Overally University                           |                  |
| Yes  | Other. Specify Credit Card or Credit Use                          |                  |
| 4.16 Geico Insurance                                   | Last 4 digits of account number                                   | \$ 0.00          |
| Creditor's Name  | · ———   |                  |
| 1 Geico Plaza  | When was the debt incurred?                                       |                  |
| Number Street  |   |                  |
|  | As of the date you file, the claim is: Check all that apply.      |                  |
|  | Contingent  |                  |
| Washington DC 20046                                    | Unliquidated  |                  |
| City State Zip Code Who owes the debt? Check one.      | Disputed  |                  |
| Debtor 1 only  |   |                  |
| Debtor 2 only  | Type of NONPRIORITY unsecured claim:                              |                  |
| Debtor 1 and Debtor 2 only                             | Student loans   |                  |
| At least one of the debtors and another                | Obligations arising out of a separation agreement or divorce      |                  |
| Check if this claim relates to a                       | that you did not report as priority claims                        |                  |
| community debt   | Debts to pension or profit-sharing plans, and other similar debts |                  |
| Is the claim subject to offest?                        | <b>-</b>  |                  |
| No Dyes  | Other. Specify Debt Owed  |                  |

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| Pari      | Your NONPRIORITY Unsecured Claims - Co             | ntinuation Page   |                    |
|-----------|--|---|--------------------|
| After lis | sting any entries on this page, number them be     | ginning with 4.4, followed by 4.5, and so forth.                  | Total Claim        |
| 4.17      | Illinois Department of Revenue                     | Last 4 digits of account number                                   | <b>\$</b> 2,055.00 |
|           | Creditor's Name                                    | 2042  |                    |
|           | PO Box 64338                                       | When was the debt incurred? 2012                                  |                    |
|           | Number Street                                      |   |                    |
|           |  | As of the date you file, the claim is: Check all that apply.      |                    |
|           |  | Contingent  |                    |
|           | Chicago IL 60664-0338                              | Unliquidated  |                    |
| l v       | City State Zip Code  /ho owes the debt? Check one. | Disputed  |                    |
| [         | Debtor 1 only                                      |   |                    |
| [         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
|           | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
| [         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| Ē         | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| "         | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is        | the claim subject to offest?                       |   |                    |
|           | No Yes   | Other. Specify Taxes - Federal, State or Local                    |                    |
| 4.18      | LVNV Funding                                       | Last 4 digits of account number                                   | <b>\$</b> _731.00  |
| 1111      | Creditor's Name                                    | <del></del>   |                    |
|           | PO Box 10497                                       | When was the debt incurred?                                       |                    |
|           | Number Street                                      |   |                    |
|           |  | As of the date you file, the claim is: Check all that apply.      |                    |
|           |  | Contingent  |                    |
|           | Greenville SC 29603                                | Unliquidated  |                    |
| l         | City State Zip Code                                | Disputed  |                    |
| "         | /ho owes the debt? Check one.                      | Disputed  |                    |
| <u> </u>  | Debtor 1 only                                      |   |                    |
| <u> </u>  | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| <u> </u>  | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
| L         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| [         | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| ١.        | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| IS        | s the claim subject to offest?                     |   |                    |
|           | No   | Other. Specify Credit Card or Credit Use                          |                    |
|           | Yes Planet Fitness                                 | Land A Malta of a count much an                                   | <b>\$</b> 181.00   |
| 4.19      | Creditor's Name                                    | Last 4 digits of account number                                   | \$ <u>_101.00</u>  |
|           | 2410 Mani St.                                      | When was the debt incurred?                                       |                    |
|           | Number Street                                      |   |                    |
|           | - Cuber  |   |                    |
|           |  | As of the date you file, the claim is: Check all that apply.      |                    |
|           | Evanston IL 60202                                  | Contingent  |                    |
|           | City State Zip Code                                | Unliquidated  |                    |
| w         | /ho owes the debt? Check one.                      | Disputed  |                    |
| [         | Debtor 1 only                                      |   |                    |
| [         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| Ē         | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
|           | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| 7         | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| -         | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| ls        | the claim subject to offest?                       |   |                    |
|           | No   | Other. Specify  |                    |
| ΙГ        | Yes  | <u> </u>  |                    |

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| Pai      | Your NONPRIORITY Unsecured Claims - 0              | Continuation Page   |                    |
|----------|--|---|--------------------|
| After li | sting any entries on this page, number them b      | beginning with 4.4, followed by 4.5, and so forth.                | Total Claim        |
| 4.20     | PLS Loan Store                                     | Last 4 digits of account number                                   | <b>\$</b> 1,000.00 |
|          | Creditor's Name                                    |   |                    |
|          | 1428 N. Lewis Ave.                                 | When was the debt incurred?                                       |                    |
|          | Number Street                                      |   |                    |
|          |  | As of the date you file, the claim is: Check all that apply.      |                    |
|          | Westernes II 00005                                 | Contingent  |                    |
|          | Waukegan IL 60085                                  | Unliquidated  |                    |
| ١ ١      | City State Zip Code  Who owes the debt? Check one. | Disputed  |                    |
|          | Debtor 1 only                                      |   |                    |
| l i      | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| l i      | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
| l i      | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| l i      | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| '        | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| !        | s the claim subject to offest?                     |   |                    |
|          | No   | Other. Specify PayDay Loan  |                    |
|          | Yes Professional Placement                         | Last 4 digits of account number 7626                              | <b>*</b> 83.00     |
| 4.21     | ·  | Last 4 digits of account number                                   | \$ <u>82.00</u>    |
|          | Creditor's Name<br>272 N 12Th St                   | When was the debt incurred? 2015-2016                             |                    |
|          | Number Street                                      |   |                    |
|          | Tid.ii.b.  |   |                    |
|          |  | As of the date you file, the claim is: Check all that apply.      |                    |
|          | Milwaukee WI 53233                                 | ☐ Contingent  |                    |
|          | City State Zip Code                                | Unliquidated  |                    |
| '        | Who owes the debt? Check one.                      | Disputed  |                    |
| !        | Debtor 1 only                                      |   |                    |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
|          | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
|          | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
|          | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| Ι.       | community debt s the claim subject to offest?      | Debts to pension or profit-sharing plans, and other similar debts |                    |
| l i      | No   | Tour or Medical Debt  |                    |
| l i      | Yes  | Other. Specify Medical Debt                                       |                    |
| 4.22     | Santander Consumer USA                             | Last 4 digits of account number                                   | \$ 9,000.00        |
| 1.22     | Creditor's Name                                    | ·   |                    |
|          | PO Box 961245                                      | When was the debt incurred?                                       |                    |
|          | Number Street                                      |   |                    |
|          |  | As of the date you file, the claim is: Check all that apply.      |                    |
|          |  | Contingent  |                    |
|          | Fort Worth TX 76161                                | Unliquidated  |                    |
| Ι,       | City State Zip Code  Who owes the debt? Check one. | Disputed  |                    |
| l i      | Debtor 1 only                                      |   |                    |
| l i      | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
|          | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
|          | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
|          | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| '        | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| !        | s the claim subject to offest?                     | <u> </u>  |                    |
|          | No   | Other. Specify Deficiency, Repo'd/Surr'd Auto                     |                    |
|          | Vec  | <u> </u>  |                    |

Page 27 of 63 Case Number (if known) **Document** Chantha Debtor 1

| F    | Your NONPRIORITY Unsecured Claims - Co             | ontinuation Page  |                  |
|------|--|---|------------------|
| Afte | r listing any entries on this page, number them be | ginning with 4.4, followed by 4.5, and so forth.                  | Total Claim      |
| 4.2  | Security Finance Corporation                       | Last 4 digits of account number                                   | \$ <u>445.00</u> |
|      | Creditor's Name                                    |   |                  |
|      | PO Box 3146  | When was the debt incurred?                                       |                  |
|      | Number Street                                      |   |                  |
|      |  | As of the date you file, the claim is: Check all that apply.      |                  |
|      | Spartanburg SC 29304                               | Contingent  |                  |
|      | City State Zip Code                                | Unliquidated  |                  |
|      | Who owes the debt? Check one.                      | Disputed  |                  |
|      | Debtor 1 only                                      |   |                  |
|      | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
|      | Debtor 1 and Debtor 2 only                         | Student loans   |                  |
|      | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|      | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
|      | community debt Is the claim subject to offest?     | Debts to pension or profit-sharing plans, and other similar debts |                  |
|      | No   | Other. Specify  |                  |
|      | Yes  | Other. Specify  |                  |
| 4.2  | Sprint Sprint                                      | Last 4 digits of account number                                   | <u>\$_214.00</u> |
|      | Creditor's Name                                    |   |                  |
|      | PO Box 7949  | When was the debt incurred?                                       |                  |
|      | Number Street                                      |   |                  |
|      |  | As of the date you file, the claim is: Check all that apply.      |                  |
|      | Overland Park KS 66207                             | Contingent  |                  |
|      | City State Zip Code                                | Unliquidated  |                  |
|      | Who owes the debt? Check one.                      | Disputed  |                  |
|      | Debtor 1 only                                      |   |                  |
|      | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
|      | Debtor 1 and Debtor 2 only                         | Student loans   |                  |
|      | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|      | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
|      | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
|      | Is the claim subject to offest?                    | Tour on its Litility Bills/Collular Sorvice                       |                  |
|      | Yes  | Other. Specify Utility Bills/Cellular Service                     |                  |
| 4.2  | State Collection Service Inc                       | Last 4 digits of account number                                   | <u>\$ 117.00</u> |
|      | Creditor's Name                                    |   |                  |
|      | 2509 South Stoughton Road                          | When was the debt incurred?                                       |                  |
|      | Number Street                                      |   |                  |
|      |  | As of the date you file, the claim is: Check all that apply.      |                  |
|      | M 50740  | Contingent  |                  |
|      | Madison WI 53716                                   | Unliquidated  |                  |
|      | City State Zip Code Who owes the debt? Check one.  | Disputed  |                  |
|      | Debtor 1 only                                      |   |                  |
|      | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
|      | Debtor 1 and Debtor 2 only                         | Student loans   |                  |
|      | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|      | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
|      | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
|      | Is the claim subject to offest?                    | Outlies they for Our life.  |                  |
|      | No Yes   | Other. Specify Collecting for Creditor                            |                  |
|      |  |   |                  |

| De  | btor 1    | Case 16-27857 Doo                            | 1 Filed 08/30/16 Entered 08<br>Document Page 28 of 6        |          | າ<br>            |
|-----|-----------|--|---|----------|------------------|
|     |           | First Name Middle Name                       | Last Name   |          |                  |
|     | Part 2    | Your NONPRIORITY Unsecured Claims - Co       | tinuation Page  |          |                  |
| Aft | ter listi | ing any entries on this page, number them be | inning with 4.4, followed by 4.5, and so forth.             |          | Total Cla        |
| 4   | .20 _     | Sunrise Credit Services, Inc.                | Last 4 digits of account number                             |          | \$ <u>248.00</u> |
|     |           | PO Box 9100                                  | When was the debt incurred?                                 | _        |                  |
|     | _         | Number Street                                |   | •        |                  |
|     | _         |  | As of the date you file, the claim is: Check all that apply | ı.       |                  |
|     | F         | Farmingdale NY 11753-9100                    | Contingent  |          |                  |
|     | _         | City State Zip Code                          | Unliquidated  |          |                  |
|     |           | o owes the debt? Check one.                  | Disputed  |          |                  |
|     |           | Debtor 1 only                                |   |          |                  |
|     |           | Debtor 2 only                                | Type of NONPRIORITY unsecured claim:                        |          |                  |
|     |           | Debtor 1 and Debtor 2 only                   | Student loans   |          |                  |
|     |           | At least one of the debtors and another      | Obligations arising out of a separation agreement or div    | orce     |                  |
|     |           | Check if this claim relates to a             | that you did not report as priority claims                  |          |                  |
|     |           | community debt                               | Debts to pension or profit-sharing plans, and other simil   | ar debts |                  |

| 4.26 | Sunrise Credit Services, Inc.                      | Last 4 digits of account number                                   | <u>\$ 248.00</u>   |
|------|--|---|--------------------|
|      | Creditor's Name                                    |   |                    |
|      | PO Box 9100  | When was the debt incurred?                                       |                    |
|      | Number Street                                      |   |                    |
|      |  | As of the date you file, the claim is: Check all that apply.      |                    |
|      | F : 11 NN 44750 0400                               | Contingent  |                    |
|      | Farmingdale NY 11753-9100                          | Unliquidated  |                    |
| V    | City State Zip Code  Who owes the debt? Check one. | Disputed  |                    |
| [    | Debtor 1 only                                      |   |                    |
| [    | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| [    | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
| [    | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
|      | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| ١.   | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| l    | s the claim subject to offest?                     |   |                    |
|      | No<br>Yes  | Other. Specify Credit Card or Credit Use                          |                    |
| 4.27 | T-Mobile   | Last 4 digits of account number                                   | <b>\$</b> 469.00   |
| 4.21 | Creditor's Name                                    | Last - digits of account number                                   | ·                  |
|      | PO Box 742596                                      | When was the debt incurred?                                       |                    |
|      | Number Street                                      |   |                    |
|      |  | As of the date you file, the claim is: Check all that apply.      |                    |
|      |  | Contingent  |                    |
|      | Cincinnati OH 45274-2596                           | Unliquidated  |                    |
|      | City State Zip Code                                | Disputed  |                    |
| \ \  | Who owes the debt? Check one.                      | Disputed  |                    |
|      | Debtor 1 only                                      |   |                    |
|      | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
|      | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
| !    | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| [    | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
|      | community debt s the claim subject to offest?      | Debts to pension or profit-sharing plans, and other similar debts |                    |
| l i  | No   | Other. Specify Utility Bills/Cellular Service                     |                    |
| i    | Yes  | Other. Specify  |                    |
| 4.28 | Verizon Wireless                                   | Last 4 digits of account number 9827                              | \$ <u>1,520.00</u> |
|      | Creditor's Name                                    |   |                    |
|      | Po Box 640   | When was the debt incurred? 2014-2014                             |                    |
|      | Number Street                                      |   |                    |
|      |  | As of the date you file, the claim is: Check all that apply.      |                    |
|      |  | Contingent  |                    |
|      | Hopkins MN 55343                                   | Unliquidated  |                    |
| v    | City State Zip Code  Who owes the debt? Check one. | Disputed  |                    |
|      | Debtor 1 only                                      |   |                    |
| [    | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| j j  | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
| į į  | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| l i  | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| '    | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| 1    | s the claim subject to offest?                     |   |                    |
|      | No   | Other. Specify Unknown Credit Extension                           |                    |
|      | Yes  |   |                    |

| Debtor   | <sub>1</sub> Chantha        | Case 16-27857               | Doc 1        | Filed 08/30/16<br>Document   | Entered 08/30/16 17:01:58<br>Page 29 of 63 |                  |
|----------|-----------------------------|-----------------------------|--------------|------------------------------|--|------------------|
| Par      | First Name  Your            | Middle Name                 |              | Last Name                    | , ,  | _                |
| After li | sting any er                | ntries on this page, number | them beginni | ng with 4.4, followed by 4.5 | 5, and so forth.                           | Total Claim      |
| 4.29     | Wisconsin                   | Auto Title Loans            | Las          | st 4 digits of account numbe | r  | \$ <u>500.00</u> |
|          | Creditor's Nam<br>3825 60th | · <del>-</del>              | Wh           | en was the debt incurred?    |  |                  |

| 4.29 | Wisconsin Auto Title Loans  | Last 4 digits of account number   | <u>\$ 500.00</u> |
|------|---|---|------------------|
|      | Creditor's Name   | <del></del>   |                  |
|      | 3825 60th St  | When was the debt incurred?   |                  |
|      | Number Street   |   |                  |
|      |   | As of the date you file, the claim is: Check all that apply.  |                  |
|      |   | Contingent  |                  |
|      | Kenosha WI 53144  | Unliquidated  |                  |
| ,    | City State Zip Code  Nho owes the debt? Check one.  | Disputed  |                  |
|      | Debtor 1 only   |   |                  |
|      | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                  |
|      | Debtor 1 and Debtor 2 only  | Student loans   |                  |
| l i  | At least one of the debtors and another   | Obligations arising out of a separation agreement or divorce  |                  |
| l i  | Check if this claim relates to a  | that you did not report as priority claims  |                  |
| l '  | community debt  | Debts to pension or profit-sharing plans, and other similar debts   |                  |
| ! !  | s the claim subject to offest?  |   |                  |
| !    | No  | Other. Specify Deficiency, Repo'd/Surr'd Auto   |                  |
|      | Yes   | <del>_</del>  |                  |
|      |   |   |                  |
| 4.30 | Wisconsin Public Service  | Last 4 digits of account number   | \$ <u>118.00</u> |
| 4.30 | Wisconsin Public Service Creditor's Name  | <del></del>   | <u>\$ 118.00</u> |
| 4.30 | Wisconsin Public Service Creditor's Name PO Box 19003   | Last 4 digits of account number  When was the debt incurred?  | <u>\$_118.00</u> |
| 4.30 | Wisconsin Public Service Creditor's Name  | When was the debt incurred?   | \$ <u>118.00</u> |
| 4.30 | Wisconsin Public Service Creditor's Name PO Box 19003   | <del></del>   | \$ <u>118.00</u> |
| 4.30 | Wisconsin Public Service  Creditor's Name PO Box 19003  Number Street   | When was the debt incurred?   | \$ <u>118.00</u> |
| 4.30 | Wisconsin Public Service  Creditor's Name PO Box 19003  Number Street  Green Bay WI 54307   | When was the debt incurred?  As of the date you file, the claim is: Check all that apply.   | \$ <u>118.00</u> |
|      | Wisconsin Public Service  Creditor's Name PO Box 19003  Number Street   | When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent   | \$ <u>118.00</u> |
|      | Wisconsin Public Service  Creditor's Name PO Box 19003  Number Street  Green Bay WI 54307  City State Zip Code  | When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated  | \$ <u>118.00</u> |
|      | Wisconsin Public Service  Creditor's Name PO Box 19003  Number Street  Green Bay WI 54307  City State Zip Code  Who owes the debt? Check one.   | When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated  | \$ <u>118.00</u> |
|      | Wisconsin Public Service  Creditor's Name PO Box 19003  Number Street  Green Bay WI 54307  City State Zip Code  Who owes the debt? Check one.  Debtor 1 only  | When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed   | <u>\$ 118.00</u> |
|      | Wisconsin Public Service  Creditor's Name PO Box 19003  Number Street  Green Bay WI 54307  City State Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only  | When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:   | <u>\$_118.00</u> |
|      | Wisconsin Public Service  Creditor's Name PO Box 19003  Number Street  Green Bay WI 54307  City State Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only  At least one of the debtors and another   | When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans   | <u>\$_118.00</u> |
|      | Wisconsin Public Service  Creditor's Name PO Box 19003  Number Street  Green Bay WI 54307  City State Zip Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only  Debtor 1 and Debtor 2 only   | When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce  | <u>\$_118.00</u> |
|      | Creditor's Name PO Box 19003 Number Street  Green Bay WI 54307 City State Zip Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a  | When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | \$ <u>118.00</u> |
|      | Wisconsin Public Service  Creditor's Name PO Box 19003  Number Street  Green Bay WI 54307  City State Zip Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt | When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | \$ <u>118.00</u> |

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List Others to Be Notified for a Debt That You Already Listed

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5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Allstate Financial Services On which entry in Part 1 or Part 2 list the original creditor? Part 1: Creditors with Priority Unsecured Claims 1050 E. Flamingo Rd., Line 4 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Number Street Suite E-320 NV 89119-742 Las Vegas Last 4 digits of account number \_\_\_\_ \_\_\_\_\_ State Zip Code City **CBCS** On which entry in Part 1 or Part 2 list the original creditor? Name PO Box 1810 Line 7 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Number Street Columbus OH 43215 Last 4 digits of account number \_\_\_\_\_ City State Zip Code **CBCS** On which entry in Part 1 or Part 2 list the original creditor? Name Line \_\_7 \_\_ of (Check one): Part 1: Creditors with Priority Unsecured Claims PO Box 69 Part 2: Creditors with Nonpriority Unsecured Claims Number Street OH 43216 Last 4 digits of account number \_\_\_\_ \_\_\_ Columbus State Zip Code City Midland Credit Management On which entry in Part 1 or Part 2 list the original creditor? Name 2365 Northside Dr Line 8 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Number Suite 300 CA 92108 San Diego Last 4 digits of account number \_\_\_\_ NULL \_\_\_\_ State Zip Code Portfolio Recovery Assoc. On which entry in Part 1 or Part 2 list the original creditor? Part 1: Creditors with Priority Unsecured Claims 120 Corporate Blvd., Ste. 100 Line 9 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Number Street Last 4 digits of account number \_\_\_\_ 0882 \_\_\_\_ VA 23502 Norfolk City State Zin Code Enhanced Recovery Corp. On which entry in Part 1 or Part 2 list the original creditor? Name 8014 Bayberry Road Part 1: Creditors with Priority Unsecured Claims Line 11 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Street Number FI 32256 Last 4 digits of account number 8583 .lacksonville City State Zip Code

Schedule E/F: Creditors Who Have Unsecured Claims

Debtor 1 Chantha

| Sheboygan County Circuit Court       | Last Name      |                                    |   |
|--------------------------------------|----------------|------------------------------------|---|
| Name                                 | <del></del>    | On which entry in Part 1 or Part 2 | <u> </u>  |
| 615 N. 6th Street                    |                | Line 13 of (Check one):            | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street                        |                |                                    | Part 2: Creditors with Nonpriority Unsecured Claims |
| Sheboygan                            | WI 53081       | Last 4 digits of account number _  |   |
| City                                 | State Zip Code |                                    |   |
| Kohn Law Firms S.C.                  |                | On which entry in Part 1 or Part 2 | list the original creditor?                         |
| Name<br>735 N. Water St., Suite 1300 |                | Line13 of (Check one):             | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street                        |                |                                    | Part 2: Creditors with Nonpriority Unsecured Claims |
| Milwaukee                            | WI 53202       | Last 4 digits of account number _  | <u> </u>  |
| City                                 | State Zip Code |                                    |   |
| Harris & Harris, LTD                 |                | On which entry in Part 1 or Part 2 | list the original creditor?                         |
| Name<br>111 W Jackson Blvd           |                | Line 17 of (Check one):            | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street Suite 400              |                |                                    | Part 2: Creditors with Nonpriority Unsecured Claims |
| Chicago                              | IL 60604       | Last 4 digits of account number _  | <u></u>   |
| City                                 | State Zip Code |                                    |   |
| Baker & Miller, PC                   |                | On which entry in Part 1 or Part 2 | list the original creditor?                         |
| Name<br>29 N. Wacker Dr., 5th floor  |                | Line 18 of (Check one):            | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street                        |                |                                    | Part 2: Creditors with Nonpriority Unsecured Claims |
| Chicago                              | IL 60606       | Last 4 digits of account number _  |   |
| City                                 | State Zip Code |                                    |   |
| Security Finance                     |                | On which entry in Part 1 or Part 2 | list the original creditor?                         |
| Name<br>522 N. 8th St.               |                | Line 23 of (Check one):            | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street                        |                |                                    | Part 2: Creditors with Nonpriority Unsecured Claims |
| Sheboygan                            | WI 53081       | Last 4 digits of account number _  |   |
| City                                 | State Zip Code |                                    |   |
| Diversified Consultants, Inc.        |                | On which entry in Part 1 or Part 2 | list the original creditor?                         |
| Name<br>PO Box 551268                |                | Line 24 of (Check one):            | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street                        |                |                                    | Part 2: Creditors with Nonpriority Unsecured Claims |
| Jacksonville                         | FL 32255       | Last 4 digits of account number _  |   |
| City                                 | State Zip Code |                                    |   |
| Aurora Health Care                   |                | On which entry in Part 1 or Part 2 | list the original creditor?                         |
| Name<br>PO Box 341700                |                | Line 25 of (Check one):            | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street                        |                |                                    | Part 2: Creditors with Nonpriority Unsecured Claims |
| Milwaukee                            | WI 53234       | Last 4 digits of account number _  |   |
| City                                 | State Zip Code |                                    |   |

Official Form 106E/F

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Last 4 digits of account number \_\_\_\_ 9827\_\_\_\_

MN 55343

State Zip Code

Hopkins

City

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Chantha Debtor 1

Middle Name

Add the Amounts for Each Type of Unsecured Claim

|                             |   |     | Total claim |
|-----------------------------|---|-----|-------------|
| Total claims<br>from Part 1 | 6a. Domestic support obligations  | 6a. | \$0.00      |
|                             | 6b. Taxes and Certain other debts you owe the government  | 6b. | \$0.00      |
|                             | 6c. Claims for death or personal injury while you were intoxicated  | 6c. | \$0.00      |
|                             | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                          | 6d. | \$0.00      |
|                             | 6e. <b>Total.</b> Add lines 6a through 6d.  | 6e. | \$0.00      |
|                             |   |     | Total claim |
| Total claims                | 6f. Student loans   | 6f. | \$0.00      |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00      |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$0.00      |
|                             | 6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$26,178.00 |
|                             | 6j. <b>Total.</b> Add lines 6f through 6i.  | 6j. | \$26,178.00 |

| 8         | ill in this inf             | Case 16.2                |                                 | Eilad 09/20/16                | Entered 08/30/16 1  | 17:01:58         | Desc Main        |      |
|-----------|-----------------------------|--------------------------|---------------------------------|-------------------------------|---|------------------|------------------|------|
|           |                             | ormation to identify     | your case.                      |                               | 4 of 63   |                  |                  |      |
|           | Debtor 1                    | Chantha<br>First Name    | Middle Name                     | Souvanh                       |   |                  |                  |      |
|           | Debtor 2                    | Elizabeth                | Middle Name                     | Vang                          |   |                  |                  |      |
| (\$       | Spouse, if filing)          | First Name               | Middle Name                     | Last Name                     |   |                  |                  |      |
| ι         | Inited States               | Bankruptcy Court for the | e : <u>NORTHERN</u> District of | _                             |   |                  |                  |      |
| C         | Case Number                 |                          |                                 | (State)                       |   |                  | Check if this is | an   |
|           | If known)                   |                          |                                 |                               |   |                  | amended filing   |      |
| <u>Of</u> | ficial Fo                   | orm 106G                 |                                 |                               |   |                  |                  |      |
|           |                             |                          |                                 | l Unexpired Lea               |   |                  |                  | 12/1 |
| nfor      | mation. If m                | ore space is needed      | d, copy the additional pag      | e, fill it out, number the e  | nare equally responsible for sup<br>stries, and attach it to this page. |                  |                  |      |
|           |                             | _                        | nd case number (if known        |                               |   |                  |                  |      |
| 1.        | _                           | -                        | ntracts or unexpired lease      |                               | ou have nothing else to report on                                       | this form        |                  |      |
|           | _                           |                          |                                 |                               | Schedule A/B: Property (Official F                                      |                  |                  |      |
| •         | - 103.1111                  |                          | ion below even if the contro    | acts of leades are noted in   | Sorreduie 70B. 1 Toperty (Omolai 1                                      | OIII 100/VB)     |                  |      |
|           | -                           |                          |                                 |                               | Then state what each contract   | -                |                  |      |
|           | example, re<br>unexpired le |                          | II phone). See the instructi    | ons for this form in the inst | uction booklet for more examples  | of executory co  | ontracts and     |      |
|           | ·                           |                          |                                 |                               | Otata wakataka  |                  | a ta fau         |      |
|           | Person or                   | company with whon        | n you have the contract o       | riease                        | State what the c  | ontract or least | e is for         |      |
| 2.1       |                             |                          |                                 |                               |   |                  |                  |      |
|           | Name                        |                          |                                 |                               |   |                  |                  |      |
|           | Number                      | Street                   |                                 |                               | •   |                  |                  |      |
|           | City                        |                          | State Z                         | in Code                       | -   |                  |                  |      |
|           | City                        |                          | State 2                         | ip Code                       |   |                  |                  |      |
| 2.2       | <b>-</b>                    |                          |                                 |                               |   |                  |                  |      |
|           | Name                        |                          |                                 |                               |   |                  |                  |      |
|           | Number                      | Street                   |                                 |                               |   |                  |                  |      |
|           | City                        |                          | State Z                         | ip Code                       |   |                  |                  |      |
| 2.3       | 1                           |                          |                                 | •                             |   |                  |                  |      |
| 2.5       | Name                        |                          |                                 |                               |   |                  |                  |      |
|           |                             |                          |                                 |                               |   |                  |                  |      |
|           | Number                      | Street                   |                                 |                               |   |                  |                  |      |
|           | City                        |                          | State Z                         | ip Code                       |   |                  |                  |      |
|           |                             |                          |                                 |                               |   |                  |                  |      |
| 2.4       |                             |                          |                                 |                               |   |                  |                  |      |
|           | Name                        |                          |                                 |                               |   |                  |                  |      |
|           | Number                      | Street                   |                                 |                               |   |                  |                  |      |
|           | City                        |                          | State Z                         | ip Code                       |   |                  |                  |      |
| 0.5       |                             |                          |                                 | • • • • •                     |   |                  |                  |      |
| 2.5       |                             |                          |                                 |                               |   |                  |                  |      |
|           | Name                        |                          |                                 |                               |   |                  |                  |      |
|           | Number                      | Street                   |                                 |                               |   |                  |                  |      |

State Zip Code

City

Official Form 106G

| Fill in this int    | formation to identi    |                                     | 100Umon <del>t</del> |
|---------------------|------------------------|-------------------------------------|----------------------|
| Debtor 1            | Chantha                |                                     | Souvanh              |
|                     | First Name             | Middle Name                         | Last Name            |
| Debtor 2            | Elizabeth              |                                     | Vang                 |
| (Spouse, if filing) | First Name             | Middle Name                         | Last Name            |
| United States       | Bankruptcy Court for t | the : <u>NORTHERN</u> District of _ | <u>ILLINOIS</u>      |
|                     |                        |                                     | (State)              |
| Case Number         | ·                      |                                     | _                    |
| (If known)          |                        |                                     |                      |

# Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

|             |  | e una case number (ii known). Answ           | o. o.o., quoo           |   |
|-------------|--|--|-------------------------|---|
| 1. <b>D</b> | o you have any codebtors? (If yo                                     | ou are filing a joint case, do not list eitl | her spouse as a codebto | or.)  |
|             | No.  |  |                         |   |
|             | Yes  |  |                         |   |
| 2. <b>W</b> | ithin the last 8 years, have you l                                   | lived in a community property state          | or territory? (Communit | y property states and territories include       |
| Α           | rizona, California, Idaho, Lousiian                                  | na, Nevada, New Mexico, Puerto Rico,         | , Texas, Washington, an | d Wisconsin.)                                   |
|             | No. Go to line 3.  |  |                         |   |
|             |  | spouse, or legal equivalent live with yo     | ou at the time?         |   |
|             | No Yes. Inwhich community  | state or territory did you live?             | . Fill in th            | e name and current address of that person.      |
|             | _ ,  | , ,  |                         | ·   |
|             | Name of your spouse, former spous                                    | se or legal equivalent                       |                         |   |
|             | Number Street  |  |                         |   |
|             | City   | State  | Zip Code                |   |
| 3. In       |  |  | •                       | use is filing with you. List the person         |
|             |  | or only if that person is a guarantor        |                         |   |
|             | chedule D (Official Form 106D),<br>chedule E/F, or Schedule G to fil | Schedule E/F (Official Form 106E/F),         | or Schedule G (Official | Form 106G). Use Schedule D,                     |
| 3           | chedule E/F, or Schedule G to hi                                     | ii out Column 2.                             |                         |   |
|             | Column 1: Your codebtor  |  |                         | Column 2: The creditor to whom you owe the debt |
|             |  |  |                         | Check all schedules that apply:                 |
| 3.1         |  |  |                         | Schedule D, line                                |
|             | Name   |  |                         | Schedule E/F, line                              |
|             | Number Street  |  | <del></del>             | Schedule G, line                                |
|             | City   | State  | Zip Code                |   |
| 3.2         | City   | State  | Zip Code                | Cahadula D lina                                 |
| U           | Name   |  |                         | Schedule D, line                                |
|             |  |  |                         | Schedule E/F, line                              |
|             | Number Street  |  |                         | Schedule G, line                                |
|             | City   | State  | Zip Code                |   |
| 3.3         |  |  |                         | Schedule D, line                                |
|             | Name   |  |                         | Schedule E/F, line                              |
|             | Number Street  |  |                         | Schedule G, line                                |
|             | City   | State  | Zip Code                | <b>_</b>  |

Official Form 106H Record # 712307 Schedule H: Your Codebtors Page 1 of 1

|                           |                     |                                  |            | <u>40E 30</u> 01 03                      |
|---------------------------|---------------------|----------------------------------|------------|--|
| Fill in this in           | formation to identi | fy your case:                    |            |  |
| Debtor 1                  | Chantha             |                                  | Souvanh    |  |
|                           | First Name          | Middle Name                      | Last Name  |  |
| Debtor 2                  | Elizabeth           |                                  | Vang       |  |
| (Spouse, if filing)       | First Name          | Middle Name                      | Last Name  |  |
| United States Case Number |                     | the : <u>NORTHERN DISTRICT C</u> | F ILLINOIS | Check if this is:                        |
| (If known)                |                     |                                  |            | An amended filing                        |
|                           |                     |                                  |            | A supplement showing post-petition       |
|                           |                     |                                  |            | chapter 13 income as of the following of |

| Ott: -: -1 | C    | 4001 |
|------------|------|------|
| Official   | Form | 1001 |

MM / DD / YYYY

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Describe Employment  |                          |                         |              |                                   |   |  |  |
|----|--|--------------------------|-------------------------|--------------|-----------------------------------|---|--|--|
| 1. | Fill in your employment information  |                          | Debtor 1                |              | Debtor 2 or non-filing spouse     |   |  |  |
|    | If you have more than one job, attach a separate page with information about additional employers.   | Employment status        | X Employed Not employed | ı            | Employed  X Not employed          |   |  |  |
|    | Include part-time, seasonal, or self-employed work.  | Occupation               | Bulk Handler            |              |                                   |   |  |  |
|    | Occupation may Include student or homemaker, if it applies.  | Employers name           | Great Lakes Chee        | ese          |                                   |   |  |  |
|    |  | Employers address        | 17825 Great Lakes       | s Parkway    |                                   |   |  |  |
|    |  |                          | Hiram, OH 44234         |              |                                   |   |  |  |
|    |  |                          |                         |              |                                   | _ |  |  |
|    |  | How long employed there? | 1 month                 |              |                                   | - |  |  |
|    |  |                          |                         |              |                                   |   |  |  |
| Fa | Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. |                          |                         |              |                                   |   |  |  |
|    |  |                          |                         | For Debtor 1 | For Debtor 2 or non-filing spouse |   |  |  |
| 2. | List monthly gross wages, salary and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.   |                          |                         | \$3,438.54   | \$0.00                            |   |  |  |
| 3. | 3. Estimate and list monthly overtime pay.   |                          |                         | \$0.00       | \$0.00                            |   |  |  |
| 4. | Calculate gross income. Add line   | 2 + line 3.              |                         | \$3,438.54   | \$0.00                            |   |  |  |

 Official Form 106I
 Record # 712307
 Schedule I: Your Income
 Page 1 of 2

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Debtor 1 Chantha

Chantha Document Souvanh
First Name Middle Name Last Name

Case Number (if known)

|               |              |  |                | For Debtor 1             |      | For Debtor 2 or non-filing spouse |                  |            |
|---------------|--------------|--|----------------|--------------------------|------|-----------------------------------|------------------|------------|
|               | Сору         | y line 4 here  | 4.             | \$3,438.54               |      | \$0.00                            |                  |            |
| 5. <b>L</b>   | ist all      | payroll deductions:  |                |                          |      |                                   |                  |            |
|               | 5a. <b>1</b> | ax, Medicare, and Social Security deductions   | 5a.            | \$607.19                 |      | \$0.00                            |                  |            |
|               | 5b. <b>N</b> | Mandatory contributions for retirement plans   | 5b.            | \$0.00                   |      | \$0.00                            |                  |            |
|               | 5c. <b>V</b> | oluntary contributions for retirement plans  | 5c.            | \$0.00                   |      | \$0.00                            |                  |            |
|               | 5d. <b>F</b> | Required repayments of retirement fund loans   | 5d.            | \$0.00                   |      | \$0.00                            |                  |            |
|               | 5e. <b>I</b> | nsurance   | 5e.            | \$0.00                   |      | \$0.00                            |                  |            |
|               | 5f. <b>C</b> | Domestic support obligations   | 5f.            | \$0.00                   |      | \$0.00                            |                  |            |
|               | 5g. <b>L</b> | Inion dues   | 5g.            | \$0.00                   |      | \$0.00                            |                  |            |
|               | 5h. <b>C</b> | Other deductions. Specify:   | 5h.            | \$0.00                   |      | \$0.00                            | 1                |            |
| 6. <b>A</b> c | d the        | payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.   | 6.             | \$607.19                 |      | \$0.00                            |                  |            |
| 7. <b>C</b> a | alcula       | te total monthly take-home pay. Subtract line 6 from line 4.   | 7.             | \$2,831.36               |      | \$0.00                            | 1                |            |
| 8. <b>Li</b>  | st all       | other income regularly received:   |                |                          |      |                                   |                  |            |
|               | 8a.          | Net income from rental property and from operating a business,   |                |                          |      |                                   |                  |            |
|               |              | profession, or farm  |                |                          |      |                                   |                  |            |
|               |              | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |                |                          |      |                                   |                  |            |
|               |              | monthly net income.  | 8a.            | \$0.00                   |      | \$0.00                            |                  |            |
|               | 8b.          | Interest and dividends   | 8b.            | \$0.00                   |      | \$0.00                            |                  |            |
|               | 8c.          | Family support payments that you, a non-filing spouse, or a  | 8c.            | \$ 0.00                  |      | \$ 0.00                           |                  |            |
|               |              | dependent regularly receive  |                |                          |      |                                   |                  |            |
|               |              | Include alimony, spousal support, child support, maintenance, divorce  |                |                          |      |                                   |                  |            |
|               |              | settlement, and property settlement.   |                |                          |      |                                   |                  |            |
|               | 8d.          | Unemployment compensation  | 8d.            | \$0.00                   |      | \$0.00                            |                  |            |
|               | 8e.          | Social Security  | 8e.            | \$0.00                   |      | \$0.00                            |                  |            |
|               | 8f.          | Other government assistance that you regularly receive   | 8f.            | \$0.00                   |      | \$0.00                            |                  |            |
|               |              | Include cash assistance and the value (if known) of any non-cash   |                |                          |      |                                   |                  |            |
|               |              | assistance that you receive, such as food stamps (benefits under the   |                |                          |      |                                   |                  |            |
|               |              | Supplemental Nutrition Assistance Program) or housing subsidies.   |                |                          |      |                                   |                  |            |
|               |              | Specify:   |                |                          |      |                                   |                  |            |
|               | 8g.          | Pension or retirement income   | 8g.            | \$0.00                   |      | \$0.00                            |                  |            |
|               | 8h.          | Other monthly income. Specify:   | 8h.            | \$0.00                   |      | \$0.00                            |                  |            |
| 9.            | Add          | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  | 9.             | \$0.00                   |      | \$0.00                            |                  |            |
| 10.           | Calc         | ulate monthly income. Add line 7 + line 9.   | 10.            | \$2,831.36               | +    | \$0.00                            | l <sub>=</sub> [ | \$2,831.36 |
|               | Add          | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |                | Ψ2,031.30                | ۱ ا  | φ0.00                             | L                | ΨZ,031.30  |
|               | 04-4         | all about the second and a second sec |                |                          |      |                                   |                  |            |
| 11.           |              | e all other regular contributions to the expenses that you list in <i>Schedu</i> , de contributions from an unmarried partner, members of your household, y  |                | ents vour roommates a    | nd   |                                   |                  |            |
|               |              | r friends or relatives.  | , ca. aspona   | oe, yeueea.ee, a         |      |                                   |                  |            |
|               | Do n         | ot include any amounts already included in lines 2-10 or amounts that are  | not available  | e to pay expenses listed | in S | chedule J.                        |                  |            |
|               | Spec         | ify:   |                |                          |      |                                   | 11.              | \$0.00     |
| 12.           | Add          | the amount in the last column of line 10 to the amount in line 11. The re  | esult is the c | ombined monthly income   | ).   |                                   |                  |            |
|               |              | e that amount on the Summary of Schedules and Statistical Summary of C   |                | •                        |      | oplies                            | 12.              | \$2,831.36 |
| 13.           | Do y         | ou expect an increase or decrease within the year after you file this form   | m?             |                          |      |                                   | L                |            |
|               | x I          | No.  |                |                          |      |                                   |                  |            |
|               |              | res. Explain:  |                |                          |      |                                   |                  |            |
|               |              |  |                |                          |      |                                   |                  |            |

| Fill in this i                  | nformation to identify your   | case:                 |   |   |   |                               |
|---------------------------------|---|-----------------------|---|---|---|-------------------------------|
| Debtor 1                        | Chantha<br>First Name   | Middle Name           | Souvanh<br>Last Name  | Check if this is:                                   | ed filing                               |                               |
| Debtor 2<br>(Spouse, if filing) | Elizabeth First Name  | Middle Name           | Vang  Last Name   | <b>—</b>  |   | t-petition chapter 13         |
|                                 | s Bankruptcy Court for the :N   |                       |   | income as   | of the following                        | date:                         |
| Case Number                     |   | OKTIENN DISTRICT      | OF ILLINOIS   | MM / DD /   | YYYY                                    |                               |
| (If known)                      |   |                       | <del></del>   |   |   |                               |
| Official F                      | orm 106J  |                       |   |   | e filing for Debtor<br>a separate house | 2 because Debtor 2            |
|                                 | le J: Your Expe   | omeoe                 |   |   | a coparato noue                         |                               |
|                                 |   |                       | ole are filing together, both are   | agually responsible for supply                      | ing correct inform                      | 12/14                         |
| =                               |   |                       | he top of any additional pages  |   | =                                       |                               |
| Part 1:                         | Describe Your Household   |                       |   |   |   |                               |
|                                 | cont case?  Go to line 2.  Does Debtor 2 live in a sep  X No.  Yes. Debtor 2 must fil |                       | le J.   |   |   |                               |
| -                               | have dependents?  | No No                 |   | Dependent's relationship to<br>Debtor 1 or Debtor 2 | Dependent's age                         | Does dependent live with you? |
| Do not I<br>Debtor 2            | ist Debtor 1 and<br>2.  |                       | t this information for ident  | Daughter  | 8                                       | No                            |
|                                 | state the dependents'   |                       |   | Dauginei  |   | Yes                           |
| names.                          |   |                       |   | Son   | 5                                       | No                            |
|                                 |   |                       |   |   |   | Yes                           |
|                                 |   |                       |   | Daughter  | 1                                       | No<br>X Ves                   |
|                                 |   |                       |   |   |   | X Yes                         |
|                                 |   |                       |   |   |   | Yes                           |
|                                 |   |                       |   |   |   | x No                          |
|                                 |   |                       |   |   |   | Yes                           |
| expens                          | r expenses include<br>es of people other than<br>f and your dependents?               | X No                  |   |   |   |                               |
| Part 2:                         | Estimate Your Ongoing Mont  | hly Expenses          |   |   |   |                               |
| -                               | of a date after the bankrupt  |                       | less you are using this form as<br>a supplemental <i>Schedule J</i> , che |   | -                                       |                               |
|                                 | nses paid for with non-cash<br>tance and have included it                             | •                     | ance if you know the value  Income (Official Form 106l.)                  |   |   | Your expenses                 |
|                                 |   |                       | ,   | vments and  |   |                               |
|                                 | t for the ground or lot.  | ocioco ioi your resid | lence. Include first mortgage pa  | yments and  | 4.                                      | \$450.00                      |
| If not in                       | ncluded in line 4:  |                       |   |   |   |                               |
| 4a. R                           | eal estate taxes  |                       |   |   | 4a.                                     | \$0.00                        |
| 4b. P                           | roperty, homeowner's, or rer  | nter's insurance      |   |   | 4b.                                     | \$0.00                        |
| 4c. H                           | ome maintenance, repair, ar   | nd upkeep expenses    |   |   | 4c.                                     | \$30.00                       |
| 4d. H                           | omeowner's association or c   | condominium dues      |   |   | 4d.                                     | \$0.00                        |
|                                 |   |                       |   |   |   |                               |

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Last Name

Document

Page 39 of 63 Case Number (if known) \_

|     |   |      | Your expenses |       |
|-----|---|------|---------------|-------|
| 5.  | Additional Mortgage payments for your residence, such as home equity loans                            | 5.   | \$0           | 0.00  |
| 6.  | Utilities:  |      |               |       |
|     | 6a. Electricity, heat, natural gas  | 6a.  | \$170         | 0.00  |
|     | 6b. Water, sewer, garbage collection  | 6b.  | \$0           | 0.00  |
|     | 6c. Telephone, cell phone, internet, satellite, and cable service                                     | 6c.  | \$240         | 0.00  |
|     | 6d. Other. Specify:   | 6d.  | \$ 0          | 0.00  |
| 7.  | Food and housekeeping supplies  | 7.   | \$850         | 0.00  |
| 8.  | Childcare and children's education costs  | 8.   | \$0           | 0.00  |
| 9.  | Clothing, laundry, and dry cleaning   | 9.   | \$210         | 0.00  |
| 10. | Personal care products and services   | 10.  | \$120         | 0.00  |
| 11. | Medical and dental expenses   | 11.  | \$60          | 0.00  |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.     | 12.  | \$170         | 0.00  |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books                                    | 13.  | \$20          | 20.00 |
| 14. | Charitable contributions and religious donations  | 14.  | \$0           | 0.00  |
| 15. | Insurance.  |      |               |       |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.                         |      |               |       |
|     | 15a. Life insurance   | 15a. | \$0           | 0.00  |
|     | 15b. Health insurance   | 15b. | \$0           | 0.00  |
|     | 15c. Vehicle insurance  | 15c. | \$80          | 80.00 |
|     | 15d. Other insurance. Specify:  | 15d. | \$0           | 0.00  |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                      |      |               |       |
|     | Specify:  | 16.  | \$0           | 0.00  |
| 17. | Installment or lease payments:  |      |               |       |
|     | 17a. Car payments for Vehicle 1   | 17a. | \$430         | 0.00  |
|     | 17b. Car payments for Vehicle 2   | 17b. | \$0           | 0.00  |
|     | 17c. Other. Specify:  | 17c. | \$0           | 0.00  |
|     | 17d. Other. Specify:  | 17d. | \$0           | 0.00  |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted                |      |               |       |
|     | from your pay on line 5, Schedule I, Your Income (Official Form 106I).                                | 18.  | \$0           | 0.00  |
| 19. | Other payments you make to support others who do not live with you.                                   |      |               |       |
|     | Specify:  | 19.  | \$0           | 0.00  |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. |      |               |       |
|     | 20a. Mortgages on other property  | 20a. | \$ 0          | 0.00  |
|     | 20b. Real estate taxes  | 20b. | \$ 0          | 0.00  |
|     | 20c. Property, homeowner's, or renter's insurance   | 20c. | \$ 0          | 0.00  |
|     | 20d. Maintenance, repair, and upkeep expenses   | 20d. | \$ 0          | 0.00  |
|     | 20e. Homeowner's association or condominium dues  | 20e. | \$ 0          | 0.00  |

Official Form 106J Record # 712307

Chantha

First Name

Middle Name

Debtor 1

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| Debtor ' | 1 Char   | itha  | Souvanh                | Case Number (if known) |               |            |
|----------|----------|---|------------------------|------------------------|---------------|------------|
|          | First Na | me Middle Name  | Last Name              |                        |               |            |
| 21.      | Other. S | Specify:  |                        |                        | 21.           | \$0.00     |
| 22       | Your mo  | nthly expense: Add lines 4 through 21.  |                        |                        | 22.           | \$2,830.00 |
|          | The resu | It is your monthly expenses.  |                        |                        |               |            |
|          |          |   |                        |                        |               |            |
| 23.      | Calculat | e your monthly net income.  |                        |                        |               |            |
|          | 23a.     | Copy line 12 (your comibined monthly in   | come) from Schedule I. |                        | 23a.          | \$2,831.36 |
|          | 23b.     | Copy your monthly expenses from line 2  | 2 above.               |                        | 23b. <b>–</b> | \$2,830.00 |
|          | 23c.     | Subtract your monthly expenses from yo  | our monthly income.    |                        | 23c.          | \$1.36     |
|          |          | The result is your <i>monthly net income</i> .  |                        |                        |               |            |
|          |          |   |                        |                        |               |            |
|          |          |   |                        |                        |               |            |
| 04       | D        |   |                        | anno file this farm O  |               |            |
|          | -        | expect an increase or decrease in your ex<br>nple, do you expect to finish paying for you | •                      |                        |               |            |
|          |          | e payment to increase or decrease because   |                        |                        |               |            |
|          | X No     |   |                        |                        |               |            |
|          | Yes      | . Explain Here:   |                        |                        |               |            |
|          | <u> </u> |   |                        |                        |               |            |
|          |          |   |                        |                        |               |            |
|          |          |   |                        |                        |               |            |

 Official Form 106J
 Record # 712307
 Schedule J: Your Expenses
 Page 3 of 3

| Fill in this in           | formation to identi    | fy your case:                    |                   |
|---------------------------|------------------------|----------------------------------|-------------------|
| Debtor 1                  | Chantha                |                                  | Souvanh           |
|                           | First Name             | Middle Name                      | Last Name         |
| Debtor 2                  | Elizabeth              |                                  | Vang              |
| (Spouse, if filing)       | First Name             | Middle Name                      | Last Name         |
| United States Case Number | Bankruptcy Court for t | he : <u>NORTHERN</u> District of | _ <u>ILLINOIS</u> |
| (If known)                |                        |                                  |                   |

#### Official Form 106 Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below   |   |
|--|---|
| Did you pay or agree to pay someone who is NOT an attor      | ney to help you fill out bankruptcy forms?  |
| ■ No ■ Yes. Name of Person                                   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|  |   |
| Under penalty of perjury, I declare that I have read the sum | nmary and schedules filed with this declaration and that they are true and                    |
| correct.   | Col Elizabeth Verr  |
| /s/ Chantha Souvanh Signature of Debtor 1                    | /s/ Elizabeth Vang Signature of Debtor 2  |
| Date 08/25/2016<br>MM / DD / YYYY                            | Date 08/25/2016 MM / DD / YYYY  |

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|                     |                        |                                   | godinom i a       |
|---------------------|------------------------|-----------------------------------|-------------------|
| Fill in this in     | formation to identi    | fy your case:                     |                   |
|                     |                        |                                   |                   |
| Debtor 1            | Chantha                |                                   | Souvanh           |
|                     | First Name             | Middle Name                       | Last Name         |
| Debtor 2            | Elizabeth              |                                   | Vang              |
| (Spouse, if filing) | First Name             | Middle Name                       | Last Name         |
|                     |                        |                                   |                   |
| United States       | Bankruptcy Court for t | the : <u>NORTHERN</u> District of | _ <u>ILLINOIS</u> |
| Case Number         | r                      |                                   |                   |
| (If known)          |                        |                                   |                   |
|                     |                        |                                   |                   |

### Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Patt: Give Details About Your Marital Sta                                 | atus and Where You Lived Before         |                                      |                               |  |  |  |  |  |
|---|---|--------------------------------------|-------------------------------|--|--|--|--|--|
| 01. What is your current marital status?                                  |   |                                      |                               |  |  |  |  |  |
| Married   | Married                                 |                                      |                               |  |  |  |  |  |
| Not married   |   |                                      |                               |  |  |  |  |  |
|   |   |                                      |                               |  |  |  |  |  |
| 02 During the last 3 years, have you lived an                             | ywhere other than where you live no     | w?                                   |                               |  |  |  |  |  |
| <ul><li>No.</li><li>Yes. List all of the places you lived in th</li></ul> | e last 3 years. Do not include where y  | ou live now.                         |                               |  |  |  |  |  |
| Tool Election of the places you mount in                                  | o lact o yearer De net include innere y | ou                                   |                               |  |  |  |  |  |
| Debtor 1  | Dates Debtor 1 lived there              | Debtor 2:                            | Dates Debtor 2<br>lived there |  |  |  |  |  |
|   |   | Same as Debtor 1                     | Same as Debtor 1              |  |  |  |  |  |
| 4335 Liberty Ct   | FROM 10/2013                            |                                      |                               |  |  |  |  |  |
| Sheboygan WI 53081-1209   | To 06/2015                              |                                      |                               |  |  |  |  |  |
|   |   |                                      |                               |  |  |  |  |  |
|   |   |                                      |                               |  |  |  |  |  |
|   |   | Same as Debtor 1                     | Same as Debtor 1              |  |  |  |  |  |
| 630A Huron Ave  | FROM 7/2015 To                          |                                      |                               |  |  |  |  |  |
| Sheboygan WI 53081-3421   | 02/2016                                 |                                      |                               |  |  |  |  |  |
|   |   |                                      |                               |  |  |  |  |  |
|   |   |                                      |                               |  |  |  |  |  |
| 03 Within the last 8 years, did you ever live v                           |   |                                      | •                             |  |  |  |  |  |
| property states and territories include Ari and Wisconsin.)               | ZONA, CAMOMIA, IGANO, LOGISIANA, N      | evaua, New Mexico, Fuerto Rico, Texa | is, wasnington,               |  |  |  |  |  |
| No.   |   |                                      |                               |  |  |  |  |  |
| Yes. Make sure you fill out Schedule H:                                   | Your Codebtors (Official Form 106H).    |                                      |                               |  |  |  |  |  |
|   |   |                                      |                               |  |  |  |  |  |
| Part 2: Explain the Sources of Your Incom                                 | е                                       |                                      |                               |  |  |  |  |  |
|   |   |                                      |                               |  |  |  |  |  |
|   |   |                                      |                               |  |  |  |  |  |
|   |   |                                      |                               |  |  |  |  |  |
|   |   |                                      |                               |  |  |  |  |  |

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Debtor 1 **Chantha** Souvanh Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, Wages, commissions, \$13,804 \$2,622 From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, Wages, commissions, \$28,058 \$0 For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2015) Operating a business Operating a business Wages, commissions, \$4,000 (approx) Wages, commissions, \$0 For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2014) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

Entered 08/30/16 17:01:58 Desc Main Case 16-27857 Doc 1 Filed 08/30/16 Page 44 of 63 Document Chantha Souvanh Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payments DT Credit 7300 E Hampton Ave \$11,698 Monthly \$430 ■ Mortgage Car Mesa AZ 85209 Credit card Loan repayment Suppliers or vendors Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid 08 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment

Include creditor's name payment

Part 4:

Identify Legal actions, Repossessions, and Foreclosures

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| Debtor | 1 9             | Chantha   |                        | Souvanh   | Case Number (if I                | nown)                 |                       |
|--------|-----------------|---|------------------------|---|----------------------------------|-----------------------|-----------------------|
|        | F               | First Name  | Middle Name            | Last Name   |                                  |                       |                       |
| l      | _ist all        |   | personal injury cases, | u a party in any lawsuit, court actio<br>small claims actions, divorces, coll |                                  |                       |                       |
|        | ☐ No            | ).  |                        |   |                                  |                       |                       |
|        | Ye              | es. Fill in the details.  |                        |   |                                  |                       |                       |
|        |                 |   |                        | Nature of the case  | Court or agency                  |                       | Status of the case    |
|        |                 | Cottonwood Financial Wise   | consin LLC             | Contract  | Sheboygan County Circuit (       | Court                 | Pending               |
|        | _0              | I/b/a The Cash Store vs. (  | Chantha                |   |                                  |                       | On appeal             |
|        | 5               | Souvanh   |                        |   |                                  |                       | Concluded             |
|        | _               |   |                        |   |                                  |                       |                       |
|        | C               | CaseNo: 14SC002221  |                        |   |                                  |                       |                       |
|        | Check           | 1 year before you filed fo<br>all that apply and fill in th<br>b. Go to line 11 |                        | of your property repossessed, for   | eclosed, garnished, attached,    | seized, or levied?    |                       |
|        | Ye              | es. Fill in the information b   | elow.                  |   |                                  |                       |                       |
|        |                 |   |                        |   |                                  |                       |                       |
|        |                 |   |                        | Describe the property   |                                  | Date                  | Value of the property |
|        |                 | Visconsin Auto Title Loans  | s, Inc.                | 1995 Honda Accord with over 20  | 0,000 miles.                     | 2016                  | \$500                 |
|        | _               |   |                        |   |                                  |                       |                       |
|        | _               |   |                        |   |                                  |                       |                       |
|        | _               |   |                        |   |                                  |                       |                       |
|        |                 |   |                        | Explain what happened   |                                  |                       |                       |
|        |                 |   |                        | Property was repossessed.  Property was foreclosed.                           |                                  |                       |                       |
|        |                 |   |                        | Property was garnished.   |                                  |                       |                       |
|        |                 |   |                        | Property was attached, seize  | ed, or levied.                   |                       |                       |
|        |                 |   |                        | _   |                                  |                       |                       |
|        |                 |   |                        |   |                                  |                       |                       |
|        |                 | n 90 days before you filed<br>use to make a payment b                           |                        | any creditor, including a bank or lebt?                                       | financial institution, set off a | ny amounts from       | your accounts         |
|        | No              | o. Go to line 11  |                        |   |                                  |                       |                       |
|        | Ye              | es. Fill in the information b   | elow.                  |   |                                  |                       |                       |
|        |                 | 1 year before you filed fappointed receiver, a cus                              | • • •                  | iny of your property in the posses  | sion of an assignee for the l    | enefit of creditors   | , a                   |
|        | No              | • •   | stodian, or another of | inciai:   |                                  |                       |                       |
| 1 2    | Yes             |   |                        |   |                                  |                       |                       |
|        | _               |   |                        |   |                                  |                       |                       |
| Pa     | rt 5:           | List Certain Gifts and C  | ontributions           |   |                                  |                       |                       |
| 13 1   | Nithin          | 2 years before you filed  | I for bankruptcy, did  | you give any gifts with a total valu  | ie of more than \$600 per per    | son?                  |                       |
|        | No              | ).  |                        |   |                                  |                       |                       |
|        | Ye              | es. Fill in the details for ea  | ch gift.               |   |                                  |                       |                       |
| 14 \   | Nithin          | a 2 years before you filed  | I for bankruptcy, did  | you give any gifts or contribution  | s with a total value of more t   | han \$600 to any ch   | narity?               |
|        | No              | ).  |                        |   |                                  |                       |                       |
|        | Ye              | es. Fill in the details for ea  | ch gift.               |   |                                  |                       |                       |
|        |                 |   |                        |   |                                  |                       |                       |
| Pa     | rt 6:           | List Certain Losses   |                        |   |                                  |                       |                       |
|        | Vithin<br>gambl | = =   | for bankruptcy or sin  | ce you filed for bankruptcy, did y  | ou lose anything because of      | theft, fire, other di | saster, or            |
|        | No              | ).  |                        |   |                                  |                       |                       |
|        |                 | es. Fill in the details for ea  | ich aift.              |   |                                  |                       |                       |
| '      | _ · c           | .c III III are details for ea   | g                      |   |                                  |                       |                       |
|        |                 |   |                        |   |                                  |                       |                       |
|        |                 |   |                        |   |                                  |                       |                       |

Case 16-27857 Doc 1 Filed 08/30/16 Entered 08/30/16 17:01:58 Desc Main Page 46 of 63 Document Chantha Souvanh Case Number (if known) \_ First Name Middle Name Last Name **List Certain Payments or Transfers** Part 7: Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details **Party Contact Info** Description and value of any property transferred Date payment Amount of payment or transfer Geraci Law L.L.C. \$1,200.00 55 E. Monroe Street #3400 Chicago,IL 60603 **Party Contact Info** Description and value of any property transferred Date payment Amount of payment or transfer Credit Counseling Services Hananwill Credit Counseling 2016 \$25.00 115 N. Cross St. Robinson, IL 62454 17 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No. Yes. Fill in the details. 18 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No. Yes. Fill in the details for each gift. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details for each gift.

Part 8:

List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

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Page 47 of 63 Document Souvanh Chantha Case Number (if known) Debtor 1 First Name Middle Name Last Name Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. ☐ No Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before closed, sold, moved, instrument closing or transfer or transferred XXX -Checking 2016 <u>\$</u>0 Chase Savings Money market Brokerage Other 21 Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? 22 Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you still have it? **Identify Property You Hold or Control for Someone Else** 23 Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No. Yes. Fill in the details. Where is the property? Describe the property Value **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24 Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No. Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice

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| 25 | Have you notified any governmental unit of a  | any release of hazardous      | s material?                   |   |                     |
|----|---|-------------------------------|-------------------------------|---|---------------------|
|    | No.   |                               |                               |   |                     |
|    | Yes. Fill in the details.   |                               |                               |   |                     |
|    | _   | Governmental unit             |                               | Environmental law, if you know it         | Date of notice      |
| 26 | Have you been a party in any judicial or adm  | inistrative proceeding u      | nder any enviro               | mental law? Include settlements and or    | ders.               |
|    | No.   |                               |                               |   |                     |
|    | Yes. Fill in the details.   |                               |                               |   |                     |
|    |   | Court or agency               |                               | Nature of the case                        | Status of the case  |
| P  | Give Details About Your Business or C   | onnections to Any Busine      | SS                            |   |                     |
| 27 | Within 4 years before you filed for bankrupto   | y, did you own a busine       | ss or have any o              | f the following connections to any busir  | ness?               |
|    | A sole proprietor or self-employed in   | a trade, profession, or o     | ther activity, eitl           | er full-time or part-time                 |                     |
|    | A member of a limited liability compa   | ny (LLC) or limited liabil    | ity partnership (             | LP)                                       |                     |
|    | A partner in a partnership  |                               |                               |   |                     |
|    | An officer, director, or managing exec  | cutive of a corporation       |                               |   |                     |
|    | An owner of at least 5% of the voting   | or equity securities of a     | corporation                   |   |                     |
|    | No. None of the above applies. Go to Part   | : 12.                         |                               |   |                     |
|    | Yes. Check all that apply above and fill in t   |                               | business.                     |   |                     |
|    | _   |                               |                               |   |                     |
| 28 | Within 2 years before you filed for bankrupto institutions, creditors, or other parties.        | y, did you give a financi     | al statement to a             | nyone about your business? Include all    | financial           |
|    | No.   |                               |                               |   |                     |
|    | Yes. Fill in the details.   |                               |                               |   |                     |
|    |   | Date issued                   |                               |   |                     |
| Pa | rt 12: Sign Below   |                               |                               |   |                     |
| ı  | have read the answers on this Statement of F  | inancial Affairs and any      | attachments, a                | d I declare under penalty of perjury that | the                 |
|    | answers are true and correct. I understand than<br>n connection with a bankruptcy case can resi | _                             |                               |   | by fraud            |
|    | 18 U.S.C. §§ 152, 1341, 1519, and 3571.   | ait iii iiiles up to \$250,00 | o, or imprisoring             | ent for up to 20 years, or both.          |                     |
|    |   |                               |                               |   |                     |
|    | 10/ Ohandha Cannanh   | ×                             | /a / Eli-ala a4la             | Mana.                                     |                     |
|    | /s/ Chantha Souvanh Signature of Debtor 1   | *                             | /s/ Elizabeth Signature of De |   |                     |
|    | 3   |                               | 3                             |   |                     |
|    | Date 08/25/2016   |                               | Date 08/25/2                  | 016                                       |                     |
|    | MM / DD / YYYY  |                               | MM / D                        | O / YYYY                                  |                     |
|    | Did Mark additional control Version   |                               | - England 194                 | Filian for Bontoniato (Official Ed. 1977) | •                   |
|    | Did you attach additional pages to <i>Your State</i>  | ment of Financial Affairs     | s for Individuals             | Filing for Bankruptcy (Official Form 107) | <b>!</b> ?          |
|    | No  |                               |                               |   |                     |
|    | Yes   |                               |                               |   |                     |
| ı  | Did you pay or agree to pay someone who is r  | not an attorney to help y     | ou fill out bankrı            | ptcy forms?                               |                     |
|    | No  |                               |                               |   |                     |
|    | Yes. Name of person   |                               |                               | Attach the Bankruptcy Petition Preparer   |                     |
|    |   |                               |                               | Declaration, and Signature (              | Official Form 119). |
|    |   |                               |                               |   |                     |

Eilad 09/20/16 Entered 08/30/16 17:01:58 Desc Main Fill in this information to identify your case: Chantha Souvanh Debtor 1 First Name Last Name Middle Name Elizabeth Vang Debtor 2 Middle Name Last Name United States Bankruptcy Court for the : <u>NORTHERN DISTRICT OF ILLINOIS EASTERN</u> DIVISION District of ILLINOIS Check if this is an amended filing

#### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

**List Your Creditors Who Have Secured Claims** 

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors,

whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the property secures a debt? as exempt on Schedule C? ☐ Surrender the property Creditor's □ No name: **DT Credit** Retain the property and redeem it Yes Retain the property and enter into a 2008 Nissan Rogue with over 116,000 miles Description of Reaffirmation Agreement. property securing debt: Retain the property and [explain]: \_\_\_\_ ☐ Surrender the property □ No Creditor's name: Retain the property and redeem it ☐ Yes Retain the property and enter into a Description of Reaffirmation Agreement. property Retain the property and [explain]: securing debt: □ No Creditor's ☐ Surrender the property name: Retain the property and redeem it ☐ Yes Retain the property and enter into a Description of Reaffirmation Agreement. property Retain the property and [explain]: securing debt: Creditor's Surrender the property ☐ No name: Retain the property and redeem it ☐ Yes Retain the property and enter into a Description of Reaffirmation Agreement. property Retain the property and [explain]: \_\_\_\_ securing debt:

Chantha Case 16-27857

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**List Your Unexpired Personal Property Leases** 

|  | ou listed in Schedule G: Executory Contracts and Unexpired Lease   |                            |
|--|--|----------------------------|
| fill in the information below. Do not list real estate | e leases. Unexpired leases are leases that are still in effect; the lea  | se period has not yet      |
| ended. You may assume an unexpired personal p          | property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(  | 2).                        |
| Describe your unexpired personal property le           | ases   | Will the lease be assumed? |
| Laggaria nama  |  | □ No                       |
| Lessor's name:   |  | No                         |
| 5  |  | Yes                        |
| Description of leased                                  |  |                            |
| property:  |  |                            |
| Lessor's name:   |  | ☐ No                       |
|  |  |                            |
| Description of leased                                  |  | ☐ Yes                      |
| property:  |  |                            |
| · · ·  |  |                            |
| Lessor's name:   |  | □No                        |
| Lessoi s name.   |  |                            |
| Description of leased                                  |  | Yes                        |
| Description of leased                                  |  |                            |
| property:  |  |                            |
| Lessor's name:   |  | □No                        |
| Lessoi s name.   |  |                            |
| Description of loaned                                  |  | □Yes                       |
| Description of leased                                  |  |                            |
| property:  |  |                            |
| Legger's name:   |  | □Na                        |
| Lessor's name:   |  | No                         |
| 5  |  | □Yes                       |
| Description of leased                                  |  |                            |
| property:  |  |                            |
| Legger's name:   |  | □N <sub>0</sub>            |
| Lessor's name:   |  | No                         |
| 5  |  | □Yes                       |
| Description of leased                                  |  |                            |
| property:  |  |                            |
| l accorda nama:  |  | Пма                        |
| Lessor's name:   |  | No                         |
| Description of leased                                  |  | Yes                        |
| Description of leased                                  |  |                            |
| property:  |  |                            |
|  |  |                            |
| Part 3: Sign Below                                     |  |                            |
| Indonesia of markers I dealers the color               | and any intention about a second and a second as a | dahé and any               |
|  | ated my intention about any property of my estate that secures a   | иерт анд апу               |
| personal property that is subject to an unexpired l    | ease.  |                            |
|  | A <del></del>  |                            |
| /s/ Chantha Souvanh                                    | /s/ Elizabeth Vang   | _                          |
| Signature of Debtor 1                                  | Signature of Debtor 2  |                            |
| Date Dated: 08/25/2016                                 | Date _ Dated: 08/25/2016   |                            |
| MM / DD / YYYY   | MM / DD / YYYY   |                            |

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| Cha                    | intha Souv      | anh and Elizabeth Va   | ang / Debtors                                     |  | Case No:                               |   |                        |
|------------------------|-----------------|--|---|--|--|---|------------------------|
|                        |                 |  |   |  | Chapter:                               | Chapter 7                               |                        |
| com                    | pensation p     | o 11 U.S.C. § 329(a) and add to me within one years.         | d Fed. Bankr. P. 2016(lear before the filing of t | MPENSATION OF ATTOR b), I certify that I am the attor he petition in bankruptcy, or nplation of or in connection v | rney for the abov<br>agreed to be paid | re named debtor(s<br>d to me, for servi | ces                    |
|                        | For legal :     | services, I have agreed                                      | to accept   | \$2,395.00   |  |   |                        |
|                        | Prior to th     | e filing of this statemen                                    | nt I have received                                | \$1,200.00   |  |   |                        |
|                        | Balance D       | Due  |   | \$1,195.00   |  |   |                        |
| <ol> <li>3.</li> </ol> | Deb             | e of the compensation protor(s)  Other of compensation to be | er: (specify                                      |  |  |   |                        |
| 4.                     | I have          |  | er: (specify e above-disclosed comp               | pensation with any other person  | on unless they ar                      | re members and a                        | ssociates              |
| 5.                     | of my<br>attach | v law firm. A copy of the d. or the above-disclosed is       | ne agreement, together                            | ation with a other person or p<br>with a list of the names of the<br>order legal service for all aspec             | e people sharing                       | in the compensat                        |                        |
|                        |                 | vsis of the debtor's fina                                    | ncial situation, and reno                         | dering advice to the debtor in   | determining who                        | ether to file a peti                    | ition in               |
|                        | b. Prepa        | ration and filing of any                                     | petition, schedules, sta                          | tements of affairs and plan w  | hich may be requ                       | uired;                                  |                        |
|                        | c. Repre        | esentation of the debtor                                     | at the meeting of credit                          | ors and confirmation hearing   | g, and any adjour                      | ned hearings ther                       | eof;                   |
|                        | d. Repre        | esentation of the debtor                                     | in adversary proceeding                           | gs and other contested bankru  | uptcy matters;                         |   |                        |
|                        | e. [Othe        | r provisions as needed]                                      |   |  |  |   |                        |
| <b>6.</b><br>chap      | Fee does        | NOT include missed   | I meeting or court d                              | does not include the following lates, amendments to scheer contested matters except the                            | dules, adversary                       | -                                       | conversions to another |
|                        |                 | payment to   | of the debtor(s) in this                          | bankruptcy proceedings. /s/ Marc Adam Affolter Signature of Attorney   | or arrangement fo                      | or                                      |                        |
|                        |                 | I  |   | Geraci Law L.L.C.  |  |   |                        |

Page 1 of 1 712307 Record #

Name of law firm

Castetible 21 de la molifie stront de la molifie st Document Consultation Attorney:

Record #: 712-307



## **Chapter 7 Retainer Agreement**

The undersigned hires Geraci Law L.L.C. and its associated attorneys for representation in a Chapter7 bankruptcy under the following terms and conditions:

Attorney fees for the Chapter 7 bankruptcy are \$\(\frac{1}{2}\) C15. This amount does NOT INCLUDE court filing fees of \$335, or costs for credit counseling or financial management classes. This fee is based on the anticipated amount of work required to complete my case, and upon the information I have provided to date. If any information is incomplete or incorrect, the advice or Chapter may have to change, and this fee may have to be adjusted. This fee includes all work in the representation of my normal Chapter7, including preparation of my bankruptcy petition, schedules and other documents, first341 meeting, reaffirmations, normal correspondence with my creditors and myself, but does NOT include excessive work caused by you, missed341 meetings, reopening the case, amendments to schedules, work on audits or asset cases, objections to exemptions, conversion to another chapter, evidentiary hearings, other contested matters or motions, or adversary proceedings, because these cannot be predicted in setting a flat fee. For work done on these matters, we bill between \$275/hr and \$450/hr for attorney time, based on the attorney doing the work, and \$85 to \$125/hr paralegal time. I agree that more than one attorney and paralegal will work on my case.

Fees are "flat fees" and "advance payment retainers" for pre-filing work, become property of this firm on payment, and are deposited into the firm's operating account. Payments are applied to the "flat fee". You may elect to be billed on an hourly basis, but we have found a flat fee is cheaper and benefits you. If this contract is terminated by either party prior to the filing of the case, the firm will refund unearned fees based on the above rates with an accounting, and on request, submit any dispute to binding arbitration within30 days. If I close my file or breach this contract I agree to pay for the work done to that time. I assign to my attorney all amounts tendered as filing fees or court costs and authorize my attorney to transfer said funds from his trust account to his operating account in payment of all outstanding fees owed by me if case is not filed.

I understand that bankruptcy laws only allow me to protect a certain amount of my property, and if I have any unprotected property, I understand my Chapter 7 Trustee can sell it if I do not or cannot buy out the Trustee's interest and that the U.S. Trustee may object to my filing a Chapter 7 if they believe I have excess income and should be filing a Chapter 13.

I agree to fully cooperate with my attorneys and provide all information requested at any point during the case. I understand that if I do not fully cooperate or provide complete and accurate information, my attorneys may withdraw from representation of me, with the permission of the Court.

If I have secured debts that I wish to retain (mortgages, financed vehicles or other financed property) that I may be required to sign a reaffirmation agreement with the creditor in order to keep the property, and I must remain current on my payments. Many mortgage and car companies refuse to reaffirm the debt but we have found that if you keep up your payments you keep the property anyway.

Debts not discharged if they not paid in full: student loans; educational debts & tuition; most tax debts: unfiled, trust fund or late filed tax; undisclosed debts; support/maintenance debts; fines, debts incurred by fraud, or after the case is filed, future condo/HOA dues,or debts listed in your red or green folder as usually not discharged, or found non-dischargeable by a Judge.

Representation limited to Bankruptcy Court We don't represent you in state court, or loan modifications or similar matters.

 $\hat{\mathsf{I}}$  cannot transfer any property or incur any credit or debt without the express permission of my attorney or the Court and  $\mathsf{I}$  must make full disclosure of all income, expenses, debts and assets in my initial consultation and on my bankruptcy petition.

I understand that if I fail to take my financial management class after filing but before discharge, my case may be closed without a discharge, and I will be required to pay fees and costs to have it reopened. I have received the 11U.S.C § 527(a) disclosures.

Chantha Souvanh(Debtor)

Date: 6/16/2016

ElizabethVang (Joint Debtor)

Attorney for the Debtor(s), Representing Geraci Law L.L.C. rev 150511

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

Chantha Souvanh and Elizabeth Vang / Debtors

In re

Bankruptcy Docket #:

Judge:

| VERIFICATION | I OE CDENI | ITOD MATDIY |
|--------------|------------|-------------|
| VERIFICATION | I UF GREDI | IIUR WAIRIX |

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

B 201A (Form 201A) (11/11)

## Document Page 54 of 63 In re Chantha Souvanh and Elizabeth Vang / Debtors

#### UNITED STATES BANKRUPTCY COURT

## NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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Form B 201A, Notice to Consumer Debtor(s)

In re Chantha Souvanh and Elizabeth Vang / Debtors

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Page 2

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### **Chapter 11:** Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 08/25/2016 | /s/ Chantha Souvanh          |  |  |
|-------------------|------------------------------|--|--|
|                   | Chantha Souvanh              |  |  |
| Dated: 08/25/2016 | /s/ Elizabeth Vang           |  |  |
|                   | Elizabeth Vang               |  |  |
| Dated: 08/30/2016 | /s/ Marc Adam Affolter       |  |  |
|                   | Attorney: Marc Adam Affolter |  |  |

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| Debto |  | Chantha<br>First Name  | SOU<br>Middle Name Last N   | vanh  | Case Number (if know   | n)  |                         |
|-------|--|--|---|---|--|---|-------------------------|
|       |  |  | Autorio statita CSS (A  | ame   |  |   |                         |
| Par   | t 6:                                     | Answer These Question  | s for Reporting Purposes  |   |  |   |                         |
| 16.   |  | t kind of debts do<br>have?  | No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts prima  | lual primarily for a personal, f  | family, or household purpo: iness debts are debts that       | se." you incurred to obtain   |                         |
|       |  |  | No. Go to line 16c. Yes. Go to line 17.   | investment of allough the op  | eration of the pusitiess of a                                | nvesunent.  |                         |
|       |  |  | 16c. State the type of debts yo   | ou owe that are not consume   | r debts or business debts.                                   |   |                         |
| 47    | A  | Elim I   |   |   |  | -   |                         |
| 17.   | -  | ou filing under<br>ster 7?   | No. I am not filing under   | r Chapter 7. Go to line 18.   |  |   |                         |
|       | any e<br>exclu<br>admi<br>are p<br>avail | ou estimate that after exempt property is ided and nistrative expenses aid that funds will be able for distribution secured creditors? | Yes. I am filing under Ch<br>administrative expe<br>No.<br>Yes.   | apter 7. Do you estimate tha  | it after any exempt propert<br>be available to distribute to | y is excluded and<br>o unsecured creditors?   |                         |
|       |  | many creditors do<br>estimate that you   | ■ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999   | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000                              |  | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000                                | )                       |
|       |  | much do you<br>ate your assets to<br>orth?   | ■ \$0-\$50,000<br>□ \$50,001-\$100,000<br>□ \$100,001-\$500,000<br>□ \$500,001-\$1 million                                      | \$1,000,001-\$1<br>\$10,000,001-\$<br>\$50,000,001-\$<br>\$100,000,001-         | 550 million<br>5100 million                                  | \$500,000,001-\$1 t<br>\$1,000,000,001-\$1<br>\$10,000,000,001-\$<br>More than \$50 billi | 0 billion<br>50 billion |
|       |  | much do you<br>ate your liabilities<br>?   | ■ \$0-\$50,000<br>□ \$50,001-\$100,000<br>□ \$100,001-\$500,000<br>□ \$500,001-\$1 million                                      | ☐ \$1,000,001-\$1<br>☐ \$10,000,001-\$<br>☐ \$50,000,001-\$<br>☐ \$100,000,001- | 550 million<br>100 million                                   | \$500,000,001-\$1 kg \$1,000,000,001-\$1 \$10,000,000,001-\$  More than \$50 billi        | 0 billion<br>50 billion |
| Part  | 7:                                       | Sign Below   |   | •   |  |   |                         |
| or y  | ou.                                      |  | I have examined this petition, at correct.  If I have chosen to file under Ch of title 11, United States Code. under Chapter 7. | napter 7, I am aware that I ma  | ay proceed, if eligible, unde                                | er Chapter 7, 11,12, or   | 13                      |
|       |  | ·  | If no attorney represents me an   |   |  | attorney to help me fill o  | ut                      |
|       |  |  | I request relief in accordance wi   | th the chapter of title 11, Unit  | ted States Code, specified                                   | in this petition.   |                         |
|       |  |  | I understand making a false state with a bankruptcy case can result 8 U.S.C. §§ 152, 1341, 1519, a                              | ılt in fines up to \$250,000, or  |  |   | tion                    |
|       |  |  | Signature of Debtor 1  Executed on  | <u>\$ /2</u> 016  | Signature of   | : <u>07</u> / 75 /20<br>MM / DD / YYYY  | 16                      |

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|                           |                        |   | Document 1 a                          | igc 37 01 03  | i             |       |
|---------------------------|------------------------|---|---------------------------------------|---|---------------|-------|
| Fill in this in           | formation to identi    | ify your case:                                      | · · · · · · · · · · · · · · · · · · · |   |               |       |
|                           |                        |   |                                       |   |               |       |
| Debtor 1                  | Chantha                |   | Souvanh                               |   |               |       |
|                           | First Name             | Middle Name   | Last Name                             |   |               |       |
| Debtor 2                  | Elizabeth              | <del></del>   | Vang                                  |   |               |       |
| (Spouse, If filing)       | First Name             | Middle Name   | Last Name                             |   |               |       |
| United States             | Bankruptcy Court for t | the : <u>NORTHERN</u> District o                    | of <u>ILLINOIS</u><br>(State)         |   | :             |       |
| Case Number<br>(if known) | <del> </del>           |   | · · ·                                 | ☐ Check i   | f this is an  |       |
|                           |                        |   |                                       | amende  | i i           |       |
|                           |                        |   |                                       |   |               |       |
|                           |                        |   |                                       |   |               |       |
| Official E.               | 400 D                  |   |                                       |   |               |       |
| Official Fo               | orm 106 De             | <u>:C</u>   |                                       |   |               |       |
| Declarat                  | ion About              | an Individual i                                     | Debtor's Sched                        | ulaa  |               |       |
| - Colui at                | Oli About              | an mulvidual i                                      | Deptor 5 Sched                        | ules  |               | 12/15 |
| If two married po         | ople are filing tog    | ether, both are equally res                         | ponsible for supplying corre          | ect information.                                    |               |       |
|                           |                        |   |                                       |   |               |       |
| You must file thi         | s form whenever y      | ou file bankruptcy schedu                           | les or amended schedules. I           | Making a false statement, concealing property, or   |               |       |
| optaining money           | Or property by fra     | aud in connection with a ba<br>141, 1519, and 3571. | inkruptcy case can result in          | fines up to \$250,000, or imprisonment for up to 20 |               |       |
| years, or bour. I         | 0.3.C. 99 132, 13      | 41, 1519, and 3571.                                 |                                       |   |               |       |
|                           |                        |   |                                       |   |               |       |
| Si                        | gn Below               |   |                                       |   |               |       |
|                           |                        |   |                                       |   |               |       |
| Did you pay               | or agree to pay sor    | neone who is NOT an attor                           | ney to help you fill out bank         | ruptcy forms?                                       |               |       |
| No                        |                        |   |                                       |   |               |       |
|                           |                        |   |                                       |   |               |       |
| Yes. Na                   | ame of Person          |   | ·                                     | Attach Bankruptcy Petition Preparer's Notice, Dec   | laration, and |       |
|                           |                        |   |                                       | Signature (Official Form 119).                      |               |       |
|                           |                        |   |                                       |   |               |       |
|                           |                        |   |                                       |   |               |       |
|                           |                        | •   |                                       |   |               |       |
|                           |                        |   |                                       |   |               |       |
|                           |                        |   |                                       |   |               |       |
| Under penalty<br>correct. | of perjury, I decla    | ire that I have read the sum                        | nmary and schedules filed w           | ith this declaration and that they are true and     |               |       |
| correct.                  |                        |   |                                       |   |               |       |
| $\sim$ 0                  |                        | > _//   | _                                     |   |               |       |
| * 18                      |                        | 5   | × 50 00                               | 116   |               |       |
| Signature                 | of Debtor 1            |   | Signature of Debtor                   |   |               |       |
| - 3                       |                        |   | Organicate of Debtor                  | )   |               |       |
| Date 🙎                    | 125 /2016              |   | - US 12x                              | 5 /2016   |               |       |
|                           |                        |   | Date : 08/25                          | VVV   |               |       |

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| Debtor 1                 | Chantha                                       |   | Souvanh  | Case Number (if known)   |                |
|--------------------------|---|---|--|--|----------------|
|                          | First Name                                    | Middle Name   | Last Name  | ouse Names (# Allowit)   | <del>-  </del> |
| <sup>28</sup> Wit<br>ins | hin 2 years before ;<br>titutions, creditors, | you filed for bankruptcy, did<br>or other parties.                                | you give a financial statement to  | o anyone about your business? Include all financia   | i              |
|                          | No.   |   |  |  |                |
|                          | Yes. Fill in the detail                       | ils.  |  |  |                |
|                          | _   | Date is   | sued   |  |                |
| Part 12                  | Sign Below                                    | · · · · · · · · · · · · · · · · · · ·   |  |  |                |
| in co                    | ers are true and co                           | hrect. I understand that mak<br>hkruptcy case can result in fi<br>1519, and 3571. | ing a false statement, concealing ines up to \$250,000, or imprisonn  Signature of Date OF / | ebtor 2  | i              |
| Did ye                   | ou attach additiona                           | l pages to Your Statement o   | f Financial Affairs for Individuals  | Filing for Bankruptcy (Official Form 107)?   |                |
| N                        |   |   |  | ,  |                |
| □ Y                      | es  |   |  |  |                |
| Did yo                   | ou pay or agree to p                          | pay someone who is not an a   | attorney to help you fill out bankr  | uptcy forms?   |                |
| No.                      |   |   |  |  |                |
| □Ye                      | es. Name of persor                            |   | ,  | . Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Fo | orm 119).      |

Case 16-27857 Doc 1 Filed 08/30/16 Entered 08/30/16 17:01:58 Desc Main Document Page 59 of 63 Chantha Debtor 1 Case Number (if known) First Name List Your Unexpired Personal Property Leases Part 2: For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ПNо □Yes Description of leased property: Lessor's name: □No □Yes Description of leased property: Lessor's name: ΠNo Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. Date Dated 08 /25 /20

Official Form 108

Record # 712307

MM / DD / YYYY Statement of Intention for Individuals Filing Under Chapter 7

Date Dated: 08/25/20

## DISCLAIMER ODED TOTS have read and agree:

- 1. Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met: (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment. 6. Non filling spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filling or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION IS ACCURATE!!!!

Chantha Souvanh

Dated: 08/25 /2016

X Date & Sign

X Date & Sign

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Chantha Souvanh and Elizabeth Vang / Debtors

Bankruptcy Docket #:

Judge:

## **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

Dated: 08 125 12016

Chantha Souvanh

X Date & Sign

Elizabeth Vang

\* Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

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| Debtor 1        | Chantha  |  | Souvanh                                    | Case Number (if known)             |   |                                       |
|-----------------|--|--|--|------------------------------------|---|---------------------------------------|
| •               | First Name   | Middle Name  | Last Name                                  |                                    |   |                                       |
|                 |  |  |  | Column A Debtor 1                  | Column B Debtor 2 or non-filing apouse  |                                       |
| 8. <b>Une</b> n | nployment compens  | ation  |  | \$0.00                             | \$0.00                                  |                                       |
| Do no<br>under  | ot enter the amount if<br>the Social Security            | you contend that the amount received<br>Act. Instead, list it here:  | l was a benefit                            |                                    |   |                                       |
|                 |  |  |  |                                    |   |                                       |
|                 |  |  |  |                                    |   |                                       |
|                 |  |  |  |                                    |   |                                       |
| 9. Pens<br>bene | i <b>on or retirement i</b> nd<br>fit under the Social S | come. Do not include any amount receiecurity Act.  | ived that was a                            | \$0.00                             | \$0.00                                  |                                       |
| as a            | ot include any benefit<br>victim of a war crime,         | urces not listed above. Specify the so<br>ts received under the Social Security /<br>, a crime against humanity, or internati<br>t other sources on a separate page an | Act or payments received ional or domestic |                                    |   |                                       |
| 10a             |  |  |  | \$0.00                             | \$ 0.00                                 |                                       |
| 10b             |  |  |  | \$ 0.00                            | \$0.00                                  |                                       |
| 10c. <b>T</b>   | otal amounts from se                                     | eparate pages, if any.   |  | \$0.00                             | \$0.00                                  |                                       |
| 11. Calcu       | late your total curre                                    | ent monthly income. Add lines 2 throu  | gh 10 for each                             | \$437.00 +                         |   | £0 707 6                              |
| Coluir          | in. Then add the tota                                    | I for Column A to the total for Column   | В.   | <b>4-07.00</b>                     | \$2,300.67                              | \$2,737.67                            |
| Part 2:         | Determine Whet   | ther the Means Test Applies to You   |  |                                    |   |                                       |
|                 |  | onthly income for the year. Follow the   |  |                                    | 2************************************** |                                       |
| 124.            |  | ent monthly income from line 11  |  | Copy line 11 here                  | 12a.                                    | \$2,737.67                            |
|                 |  | umber of months in a year).  |  |                                    |   | x 12                                  |
|                 |  | nual income for this part of the form.   |  |                                    | 12b.                                    | \$32,852.04                           |
| 3. Calcu        | late the median fam                                      | ily income that applies to you. Follow   | / these steps:                             |                                    |   |                                       |
| Fill in         | the state in which you                                   | u live.  | IL   |                                    |   |                                       |
| Fill in         | the number of people                                     | in your household.   | 6  |                                    |   |                                       |
| l o fino        | d a list of applicable n                                 | come for your state and size of househ<br>nedian income amounts, go online usi<br>his list may also be available at the ba   | ng the link enecified in the co-           | parate                             | 13.                                     | \$103,721.00                          |
| 4. How d        | o the lines compare                                      | ?  |  |                                    |   |                                       |
| _               |  | n or equal to line 13. On the top of pa  | ge 1, check box 1, There is n              | no presumption of abuse.           |   |                                       |
| 14b.            | Line 12b is more th                                      | an line 13. On the top of page 1, chec   | k box 2, The presumption of                | abuse is determined by Form 122    | 4-2.                                    |                                       |
| Part 3:         | Sign Below   |  |  |                                    |   |                                       |
| ı               | By signing here, I dec                                   | clare under penalty of perjury that the  | nformation on this statement               | and in any attachments is true and | correct                                 | · · · · · · · · · · · · · · · · · · · |
|                 | 00   |  | <i>~</i> 0                                 | n n                                | Correct.                                |                                       |
|                 |  |  | $\stackrel{\sim}{-}$                       |                                    |   |                                       |
|                 | C  | Chantha Souvanh  | •  | Elizabeth Vang                     | 7                                       |                                       |
|                 | Date:: <u>08 /3</u>                                      | 25_/2016   | Date::﴿                                    | 8 125 12016                        |   |                                       |
| l               | f you checked line 14                                    | a, do NOT fill out or file Form 122A-2.  |  |                                    |   |                                       |
| i               | f you checked line 14                                    | b, fill out Form 122A-2 and file it with   | his form.                                  |                                    |   |                                       |

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Form B 201A, Notice to Consumer Debtor(s)

In re Chantha Souvanh and Elizabeth Vang / Debtors

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

deny your

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

## Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

## 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated/28 125 12016

Chantha Souvanh

X Date & Sign

Dated:(18 / 25 /2016

Elizabeth Vens

X Date & Sign

Dated: 8 / 25/2016

Attorney: Marc Adam Affolter

Record # 712307